

## Beach Haven Land Use Board

### CHECKLIST

Application shall be submitted to the Land Use Board Secretary no less than twenty-one (21) calendar days prior to the requested meeting date. An application shall not be considered until all the documents listed below have been submitted.

1. \_\_\_\_\_ Completed original application including all supporting documents separated into six (6) individual packets
2. \_\_\_\_\_ A PDF electronic version of the completed application emailed to [lubsecretary@beachhaven-nj.gov](mailto:lubsecretary@beachhaven-nj.gov)
3. \_\_\_\_\_ Fees: Application and Escrow fee in two separate checks made payable to the Borough of Beach Haven (see below for fee schedule)
  - A. Subdivision Fees (90-1): <https://ecode306.com/8937882>
  - B. Site Plan Fees (90-2): <https://ecode360.com/8937883>
  - C. Hold-over Fees (90-3): <https://ecode360.com/8937884>
  - D. Variance Fees (90-4): <https://ecode360.com/8937885>

The following must be in 10 calendar days prior to hearing date:

4. \_\_\_\_\_ Certified list of property owners within 200 feet of subject property from the Tax Collector's Office
5. \_\_\_\_\_ Certified mail receipts showing postal date stamp from letters sent to property owners
6. \_\_\_\_\_ Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter.
7. \_\_\_\_\_ Original Affidavit of Proof of Service
8. \_\_\_\_\_ Original Affidavit of Publication to Newspapers
9. \_\_\_\_\_ Original Notice to Property Owners
10. \_\_\_\_\_ Original Affidavit of Ownership by Business Entity
11. \_\_\_\_\_ Original Affidavit of Ownership by an Individual
12. \_\_\_\_\_ One (1) copy of this Checklist
13. \_\_\_\_\_ Other Reports per Submission Checklist

Should you have any further questions, please feel free to contact me, Gina Sauchelli, at the contact information listed below.

Gina Sauchelli  
Land Use Board Secretary

609-492-0111 ext. 211  
[lubsecretary@beachhaven-nj.gov](mailto:lubsecretary@beachhaven-nj.gov)



## **LAND USE DEVELOPMENT APPLICATION**

300 Engleside Avenue  
Beach Haven, New Jersey 08008  
609-492-0111

### **TO BE COMPLETED BY BOROUGH STAFF ONLY**

<b>Date Filed:</b> _____	<b>Docket #</b> _____
<b>Application Fee:</b> _____	<b>Escrow Deposit:</b> _____
<b>Technical Review:</b> _____	<b>Hearing Date:</b> _____

### **1. SUBJECT PROPERTY: (TO BE COMPLETED BY APPLICANT)**

Location: \_\_\_\_\_  
Tax Map: Page: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
Page: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
Dimensions: Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Total Area: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

### **2. APPLICANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: Local #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Applicant is: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

### **3. DISCLOSURE STATEMENT:**

Pursuant to N.J.S. 40:550-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:550-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed (Attach pages as necessary to fully comply.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Interest: \_\_\_\_\_

**\*\*APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL PROFESSIONAL REVIEW FEES, INCLUDING THE ENGINEER AND ATTORNEY, ALL ENGINEERING AND LEGAL FEES MUST BE PAID BEFORE CONSTRUCTION OR ZONING PERMITS CAN BE ISSUED\*\***

**4. If owner(s) is other than the applicant, provide the following information on the owner(s):**

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Local #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship of the applicant to the property in question:

Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_ Purchaser Under Contract: \_\_\_\_\_ Other: \_\_\_\_\_

**5. PROPERTY INFORMATION:**

Deed restrictions, covenants, casements, rights of way, association by-laws, or other dedication existing or proposed on the property:

Yes (attached copies) \_\_\_\_\_ No \_\_\_\_\_ Proposed \_\_\_\_\_

**Note: All Deed Restrictions Covenants, Easements, Rights of Ways, Association By-Laws, or other dedications existing and proposed must be submitted for review.**

**Site Plan and/or conditional use applicants:**

Proposal for: New Structure \_\_\_\_\_ Expanded Area \_\_\_\_\_ Alteration \_\_\_\_\_

Expansion of Structure \_\_\_\_\_ Change of Use \_\_\_\_\_ Sign \_\_\_\_\_

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has this property been the subject of any prior application(s) to the Planning Board or Zoning Board of Adjustment?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attached the dates(s), the relief sought, the disposition of the case and a copy of the Resolution(s).

**Is the subject property located on?**

A County Road: Yes \_\_\_\_\_ No \_\_\_\_\_ A State Road: Yes \_\_\_\_\_ No \_\_\_\_\_

Within 200 feet of a Municipal boundary: Yes \_\_\_\_\_ No \_\_\_\_\_

Present use of the premises: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Applicants Attorney:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**7. Applicant's Engineer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**8. Applicant's Planning Consultant:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**9. Applicant's Architect:**

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**10. List any other Expert who will submit a report or testify for the Applicant:** (attach additional sheets if necessary)

Name: \_\_\_\_\_

Field of Expertise: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**11. Application Represents a Request for the Following:**

**SUBDIVISION:**

\_\_\_\_\_ Minor Subdivision Approval

\_\_\_\_\_ Subdivision Approval ~ Preliminary

\_\_\_\_\_ Subdivision Approval ~ Final

Number of Lots to be created \_\_\_\_\_ Number of Proposed Dwelling Units (if applicable) \_\_\_\_\_

Area and Dimension of each proposed lot: \_\_\_\_\_

**SITE PLAN:**

\_\_\_\_\_ Minor Site Plan Approval

\_\_\_\_\_ Preliminary Site Plan Approval {Phases (if applicable) \_\_\_\_\_}

\_\_\_\_\_ Final Site Plan Approval {Phases (if applicable) \_\_\_\_\_}

\_\_\_\_\_ Amendment or Revision to an Approved Site Plan

Area to be disturbed (square feet): \_\_\_\_\_

Total number of dwelling units: \_\_\_\_\_

\_\_\_\_\_ Request for Waiver from Site Plan Review and Approval

Reason for Request: \_\_\_\_\_

\_\_\_\_\_ Informal Review

\_\_\_\_\_ Appeal Decision of an Administrative Officer {N.J.S. 40:55D-70A}

\_\_\_\_\_ Map or Ordinance Interpretation or Special Question {N.J.S. 40:55D-70B}

\_\_\_\_\_ Variance Relief (Hardship) {N.J.S. 40:55D-70C (1)}

\_\_\_\_\_ Variance Relief (Substantial Benefit) {N.J.S. 40:55D-70C (2)}

\_\_\_\_\_ Variance Relief (OSE) {N.J.S. 40:55D-70D}

\_\_\_\_\_ Conditional Use Approval {N.J.S. 4Q: SSD-67}

\_\_\_\_\_ Direct Issuance of a Permit for a Structure in Bed of a Mapped Street, Public Drainage Way or a Flood

Control Basin {N.J.S. 4Q: 55D-34}

\_\_\_\_\_ Direct Issuance of a Permit for a Lot Lacking Street Frontage {N.J.S. 40: 55D-35}

**12. Section(s) of Ordinance from which a variance is requested:**

\_\_\_\_\_  
\_\_\_\_\_

**13. Waivers Requested of Development Standards and/or Submission Requirements** (attach additional pages as needed):

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**14.** Attach a copy of the proposed notice to appear in the Official Newspaper in the Municipality and to be mailed to the owners of all real property as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application.

**THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH RELIEF IS SOUGHT (if applicable)**

**The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing**

**15. An Affidavit of Service on all property owners and a Proof of Publications must be filed before the Application will be complete and the hearing can proceed**

**Explain in detail the exact nature of the Application and the changes to be made at the premises, including the proposed use of the premises (attach pages as needed):**

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**16. Is a public water line available?** \_\_\_\_\_

**17. Is a public sanitary sewer available?** \_\_\_\_\_

**18. Does the application propose any lighting?** \_\_\_\_\_

**19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate Block and Lot number?** \_\_\_\_\_

**20. Are any off-tract improvements required?** \_\_\_\_\_

**21. Is the Subdivision to e filed by Deed or Plat?** \_\_\_\_\_

**22. What form of security does the applicant propose to provide as a performance and maintenance guarantees?** \_\_\_\_\_

**23. Other approvals which may be required and date plans submitted:**

	YES	NO	DATE PLANS SUBMITTED
_____ Local Fire Prevention	_____	_____	_____
_____ Beach Haven Water Dept	_____	_____	_____
_____ Beach Haven Sewerage Authority	_____	_____	_____
_____ Beach Haven Public Works Dept.	_____	_____	_____
_____ Long Beach Island Health Dept.	_____	_____	_____
_____ Ocean County Planning Board	_____	_____	_____
_____ Ocean County Soil Conservation Dept.	_____	_____	_____
_____ NJ Dept Environmental Protection	_____	_____	_____
_____ Sanitary Sewer Connection Permit	_____	_____	_____
_____ Sewer Extension Permit	_____	_____	_____
_____ Waterfront Development Permit	_____	_____	_____
_____ Wetlands Permit	_____	_____	_____

			<b>DATE PLANS SUBMITTED</b>
	<b>YES</b>	<b>NO</b>	
_____ Tidal Wetlands	_____	_____	_____
_____ F.E.M.A.	_____	_____	_____
_____ NJ Dept. of Transportation	_____	_____	_____
_____ Atlantic City Electric	_____	_____	_____
_____ NJ Natural Gas	_____	_____	_____
_____ Other _____	_____	_____	_____
_____ Other _____	_____	_____	_____

**24.** Certification for the Tax collector that all taxes due on the subject property have been paid. \_\_\_\_\_

**25.** List of Maps, Reports and other Materials accompanying the application (attach additional pages as required for complete listing)

**\*\*The documentation must be received by the Board Secretary at least twenty-one (21) days prior to the meeting at which the application is to be considered. A list of the Professional Consultants is attached to this application form\*\***

**Quantity**

**Description of Item**

_____	_____
_____	_____
_____	_____

**26.** The applicant hereby requests that copies of the reports of the professional staff reviewing the application provided to the following of the applicant's professionals:

Specify which reports are requested for each of the applicant's professionals or whether ALL reports should be submitted to the professionals listed.

	<b><u>Applicant's Professional</u></b>	<b><u>Reports Requested</u></b>
_____	Attorney	_____
_____	Engineer	_____
_____	_____	_____
_____	_____	_____

**27. Check Lists Used:**

Schedule A	_____ Yes	_____ No
Schedule B	_____ Yes	_____ No
Schedule C	_____ Yes	_____ No

**28.** I hereby certify that the foregoing statements and the materials submitted are true, and waive all applicable time limits until the first pubic hearing of the application I further certify that I am the individual applicant or that I am an officer of the corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general Partner of the Partnership applicant. *(If the applicant is a Corporation, the **MUST** be signed by an authorized corporate officer If the applicant is a Partnership, this **MUST** be signed by a General Partner)*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

29. I, the Developer/Applicant understand that a sum, to be determined by the Administrative Officer, will be deposited into an escrow account in accordance with the Ordinances of the Borough of Beach Haven. I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and/or other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**BOROUGH OF BEACH HAVEN PROFESSIONAL CONSULTANTS**

**Land Use Board Attorney**

Robin LaBue, Esquire	
Rothstein Mandell Strom Halm & Cipriani, PC	
98 East Water Street	732-363-0777
Toms River, NJ 08753	732-905-6555(FAX)

**Land Use Board Engineer/Planner:**

Frank J. Little, Jr., P.E., P.P.	
Owen Little & Associates	
443 Atlantic City Blvd.	732-244-1090
Beachwood, NJ 08722	732-341-3412 (FAX)

**Beach Haven Borough Attorney:**

Bruce Padula, Esquire	
Cleary Giacobbe Alfieri Jacobs, LLC	
955 Route 34, Suite 200	732-583-7474
Matawan, NJ 07747	732-290-0753 (FAX)



## **AFFIDAVIT OF OWNERSHIP BY AN INDIVIDUAL**

**STATE OF NEW JERSEY :**

**COUNTY OF OCEAN : SS**

\_\_\_\_\_ of full age, being duly sworn according to law, on oath deposes and says that he or she resides at \_\_\_\_\_, in the Municipality of Beach Haven, County of Ocean and the State of new jersey that he or she is the owner in fee simple, of all that certain lot, tract, or parcel of land, situated, lying and being in the Borough of Beach Haven, \_\_\_\_\_ and that he or she hereby authorizes and appoints \_\_\_\_\_ as his or her attorney, in fact, to make the within Application on is or her behalf to the Land Use Board of the Borough of Beach Haven, Ocean County, State of New Jersey.

\_\_\_\_\_  
SIGNATURE OF OWNER/APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER/APPLICANT

\_\_\_\_\_  
DATE

Sworn and subscribed to  
Before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC





**BOROUGH OF BEACH HAVEN LAND USE BOARD**

**300 Engleside Avenue  
Beach Haven, NJ 08008**

**NOTICE OF HEARING**

**\*\* SERVED TO PROPERTY OWNERS WITHIN 200 FEET \*\***

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application # \_\_\_\_\_

PLEASE TAKE NOTICE that the undersigned has filed a Appeal or Application for Development with the Land Use Board of the Borough of Beach Haven in the County of Ocean for a

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on the premises known as \_\_\_\_\_  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ on the Borough tax map, which is  
within 200 feet of the property owned by you. A pubic hearing has been set for: \_\_\_\_\_  
at 6:00 p.m. on the online platform Zoom, Meeting ID#**842-9169-8629** at which time you may appear personally  
or by agent or attorney and present any objections which you may have to the granting of this application. J

documents are available for inspection at the office of the Land Use Board Secretary, 300 Engleside Ave.,  
Beach Haven, New Jersey, during normal business hours.

**THIS NOTICE IS BEING SENT TO YOU BY THE APPLICANT, AS IS REQUIRED BY LAW.**

Respectfully,

\_\_\_\_\_  
SIGNATURE OF APPLICANT



**BOROUGH OF BEACH HAVEN LAND USE BOARD**

**300 Engleside Avenue  
Beach Haven, NJ 08008**

**NOTICE OF HEARING**

**\*\*NEWSPAPER\*\***

PLEASE TAKE NOTICE that \_\_\_\_\_  
have appealed to the Land Use Board of the Borough of Beach Haven, in the County of Ocean  
for a \_\_\_\_\_  
\_\_\_\_\_

on premises known as \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ This appeal is Application Number: \_\_\_\_\_

On the Land Use Board Docket and a public hearing has been ordered for: \_\_\_\_\_

At 6:00 p.m. on the online platform Zoom, Meeting ID# : **842-9169-8629** at which time you may  
appear personally or by agent or attorney and present any objections which you may have to the  
granting of this application.

Documents are available for inspection at the office of the Land Use Board Secretary, 300  
Engleside Ave., Beach Haven, New Jersey, during normal business hours.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**BOROUGH OF BEACH HAVEN LAND USE BOARD**

**300 Engleside Avenue  
Beach Haven, NJ 08008**

**AFFIDAVIT OF PROOF OF SERVICE**

**State of New Jersey**

**Docket No. \_\_\_\_\_**

**County of Ocean SS: \_\_\_\_\_ of full age, being duly sworn according to law, deposes and says:**

That \_\_\_\_\_ resides at \_\_\_\_\_, in the municipality of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_ and is the appellant in a proceeding before the Land Use Board of the Borough of Beach Haven in the County of Ocean, having the above Docket Number being an appeal or application regarding property known as LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_, on the Tax Map of the Borough of Beach Haven.

That on \_\_\_\_\_ gave written notice of the hearing on this application to each and all of the persons upon whom service must be had in the requested form and according to the attached lists and in the manner indicated thereon.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn and subscribed to  
Before me this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC