FORM P.B. #1 PLANNING BOARD OF THE BOROUGH OF KINNELON

To Be Filed In Duplicate With Secretary Of Planning Board At Borough Clerk's Office

APPLICATION NO._____ FILED_____ _____

Secretary

(Do not write above this line.)

APPLICATION FOR CLASSIFICATION OF SKETCH SUBDIVISION PLAT

TO: PLANNING BOARD OF THE BOROUGH OF KINNELON

Application is hereby made for the classification of a Sketch Plat of a proposed subdivision of Land hereinafter more particularly described.

1. Applicant's name_____Phone_____
   Address_____

2. Name & Address of present owner (if other than one above)
   Name_____
   Address_____

3. Interest of Applicant if other than owner_____
   _____

4. Location of subdivision_____
   (Neighborhood or section) (Street)
   _____
   (Tax Map Block) (Tax Map Lots)

5. Number of proposed lots_____

6. Area of entire tract_____Portion being subdivided_____

7. Development Plans:
   (a) Sell lots only? (Yes or No) _____
   (b) Construct houses for sale? (Yes or No)_____
   (c) Other_____

8. Name & address of person preparing Sketch Plat
   Name_____Phone_____
   Address_____

Signature of Applicant_____

Date received & fee collected by Borough Clerk

Date_____ Fee_____

_____

Borough Clerk

To Be Filed In Duplicate With Municipal Clerk

FORM P.B. #2 Planning Board Borough of Kinnelon

Application No._____Filed_____Date_____

(Do not write above this line)

APPLICATION for Tentative Approval of Preliminary Subdivision Plat.
TO: Planning Board, Borough of Kinnelon

Application is herby made for the tentative approval of the Preliminary Plat of a major subdivision hereinafter particularly described:

1. Applicant's name_____
   Address_____
   Phone_____

2. Name and address of Present Owner if other than above:
   Name_____
   Address_____

3. Interest of Applicant if other than owner:_____

4. Date classified as Major Subdivision by Subdivision Committee of Planning Board_____

5. Location of Subdivision_____
   Lot Number_____Block Number_____

6. Number of proposed lots_____

7. Area of Entire Tract_____
   Area of portion being subdivided_____

8. Development Plans:
   (a) Sell Lots only (Yes or No)_____
   (b) Construct Houses for Sale(Yes or No)_____
   (c) Other_____

9. Deedrestrictions that apply or are contemplated. (If no restrictions, state "None"; if "Yes" attach a Copy)_____

10. Name & profession of person designing preliminary plat:
    Name_____Profession_____
    Address_____Phone_____

11. List proposed improvements & utilities to install or post performance guarantee prior to final approval:

	Improvement	Intention
1.		
2.		
3.		
4.		
5.		

12. List of maps & other material accompanying application & number of each:

Item	Number
a.	
b.	
c.	
e.	

Signature of Applicant_____

(Do not write below this line)

Date received and fee collected by Borough Clerk

_____ _____

Date Fee

_____

Borough Clerk

Action of the_____Planning Board

Date_____Approved_____Disapproved_____

_____

Chairman

_____

Secretary

To Be Filed In Duplicate With Municipal Clerk

FORM P.B. #3 Planning Board Borough of Kinnelon

Application No._____ Filed_____ Date_____

(Do not write above this line)

APPLICATION FOR FINAL APPROVEL OF FINAL SUBDIVISION PLAT

To: Planning Board, Borough of Kinnelon

Application is hereby made for final approval of a Final Plat of a proposed subdivision all as shown and described on the accompanying maps and documents.

1. Applicant's name_____
   Address_____
   Phone_____

2. Name and address of present owner (if other than above)
   Name_____
   Address_____

3. Date of tentative approval of Preliminary Plat_____

4. Form #2 application number_____

5. Does the final plat follow exactly the Preliminary Plat in regard to details & area covered?_____
   If not, indicate material changes_____
   _____

6. Number of lots proposed for Final Approval_____

7. List of maps & other material accompanying application & number of each.

Item	Number
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	

Signature of Applicant_____

(Do not write below this line)

Date received by Municipal Clerk_____
Signature

Approved (Yes or No)_____ Date_____

Extension of time limit for Final Approval agreed to by applicant
(Yes or No) Date_____

_____ _____
Chairman Secretary

APPLICATION FOR SITE PLAN APPROVAL
BOROUGH OF KINNELON PLANNING BOARD

APPLICATION NO. _____ FEE PAID_____
SETS OF PRINTS SUBMITTED_____ DATE FILED_____

RECEIVED BY_____
Borough Clerk

REFER TO ZOINING ORDINANCE, CHAPTER 90, ARTICLE IV A. CONSULT WITH BOROUGH ENGINEER. SIXTEEN SETS OF PRINTS REQUIRED. ALL ITEMS TO BE COMPLETED AND INDICATE IF NOT APPLICABLE.

---

1. APPLICANT _____
   Mailing _____
   Address_____
   Phone_____

2. PROPERTY OWNER OF RECORD ON FILING DATE_____
   Mailing_____
   Address_____
   Phone_____

If other than applicant, SIGNATURE OF CONSENT:_____

3. Deed restrictions that apply or are contemplated_____
   If no restrictions, state NONE, if YES attach copy.

4. DRAWINGS PREPARED BY_____
   N.J Licensed Professional Engineer
   No._____
   Address_____
   Phone_____

5. LIST OF MAPS AND OTHER MATERIAL ACCOMPANYING APPLICATION AND NUMBER OF EACH.
   A) Site Plan Drawing _____
   B) Soil Erosion & Sediment Control Plan _____
   C) Tree Removal Plan _____
   D) Landscape Plan _____
   E) Environmental Assessment _____
   F) Stream & Water Courses to be Altered _____
   G) _____
   H) _____
   I) _____

6. LOCATION OF SITE PLAN: Street Name_____
Nearest Intersection_____
Tax Map Sheet No._____ Block No._____ Lot No._____

7. PURPOSE OF BUILDING:_____
   Present Location_____
   Any smoke, abnormal noise or odors involved?_____
   Days & Hours of Operation_____

8. PLOT SIZE: Total Area:_____ Road Frontage:_____
   Width:_____ Depth:_____

9. BUILDING SIZE: Total Square Feet:_____
   Width:_____ Length:_____ Height:_____

10. PARKING: Total Cars:_____
    For Public:_____ For Employees:_____

11. DRIVEWAY WIDTH:_____ If located on County Road or State Highway, a permit from proper agency must be obtained in order to open driveway. County permit issued only after Morris County Planning Board approval granted.

12. DRAINANGE FACIILITIES: Existing_____ To Be Installed_____
Does plan clearly show existing & proposed? _____

13. SANITARY SEWAGE DISPOSAL:_____
If existing, agreement with Governing Body is necessary to hook-up. If none exist, Board of Health must approve percolation test & design.
SUBMITTED TO_____ DATE_____

14. HAS FIRE PREVENTION BUREAU BEEN CONSULTED?_____

15. HAS TRAFFIC CONTROL BUREAU BEEN CONSULTED?_____

16. SIGNS: On proposed building?_____
Free-standing?_____
Do Signs conform to Code?_____

17. BOARD OF ADJUSTMENT APPROVAL REQUIRED OF BUSINESS USE?

18. Will the proposed Site Plan conform to the Zoning Ordinance of the Borough?_____

19. PUBLIC HEARING: Date Set for_____
Confirm with Planning Board Secretary

Applicant must serve at least ten (10) days' notice to all property owners within 200 feet by certified mail or personal service. Affidavit of such service required. Bring receipts from certified mail to hearing.

20. LIST PROPOSED IMPROVEMENTS & UTILITIES & INTENTIONS TO INSTALL OR POST PERFORMANCE GUARANTEE PRIOR TO FINAL APPROVAL.

	Improvement	Intention
A)		
B)		
C)		
D)		
E)		

21. AGREEMENT with GOVERNING BODY necessary for posting of PERFORMANCE BOND.
Date Submitted:_____

SIGNATURE OF APPLICANT_____

PLANNING BOARD RECOMMENDATION: MEETING DATE:_____

Approval_____
Approval with conditions_____
Rejection_____
Revision for later action_____
Carried over to next meeting _____

BOROUGH OF
Kinnelon
130 Kinnelon Road
Kinnelon, New Jersey 07405

Phone: 973-838-5401
Fax: 973-838-1862

NEW ACCOUNCT ESCROW INFORMANTION SHEET

ESCROW REQUIRED FOR: (CIRCLE ONE) PLANNING BRD BRD OF ADJUSTMENT SOIL REMOVAL

DATE:_____ APPLICATION#:_____

1. Applicant Name: _____
2. Applicant Date of Birth: _____
3. Mailling Address: _____

   _____
4. Block: _____
5. Lot: _____
6. Daytime Phone#_____
7. Cell Phone # _____
8. Property Address: _____
9. Escrow Amount: _____
10. E-mail Address: _____

Form **W-9**
(Rev. March 1994)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Business name (Sole proprietors see instructions on page 2.)

Please check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Get a TIN below.

Social security number

OR

Employer identification number

Note: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

►

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Sign Here — Signature ► Date ►

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: *If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

MORRIS COUNTY PLANNING BOARD
INSTRUCTIONS TO LAND DEVELOPMENT APPLICANTS
SUBMISSION AND APPROVAL PROCEDURES

(see application form on reverse side)

SUBMISSION REQUIREMENTS & COUNTY APPROVAL	SUBDIVISION – All subdivisions (both major and minor) must be submitted to the County Planning Board. APPROVAL REQUIRED – All major subdivisions will be reviewed for approval. Minor subdivisions will receive an administrative review to determine: 1. If the minor subdivision fronts along a county road; and 2. If it affects county drainage facilities. Those minor subdivisions which meet either one or both of the above criteria will be reviewed for approval. All other minor subdivision will be reviewed and exempted. SITE PLANS – All site plans which meet either one or both of the following criteria must be submitted to the County Planning Board: 1. Fronts along a county road 2. The proposed impervious surface area equals or exceeds 43,560 square feet (one acre). APPROVAL REQUIRED – Site plans meeting any one or both of the above stated criteria will be reviewed for approval. All other site plans will be reviewed and exempted.
REVISIONS	Subdivision plats and site plans which are revised to comply with County Planning Board requirements, or would alter a previous County Planning Board approval, must be resubmitted to the County Planning Board for review and approval.
PROCEDURES	New applications must be submitted to the County Planning Board by the municipal approving authority or by the applicant and, accompanied by a transmittal letter from the municipal approving authority. Development applications revised in response to County Planning Board requirements may be submitted directly to the County Planning Board by the applicant.
REPORTS	The County Planning Board has a statutory review period of thirty (30) days from the date of a complete submission. Upon completion of the County Planning Board review a report will be mailed to the municipal approving authority with copies mailed to the applicant and his engineer. For those site plans and minor subdivisions found to be exempt, a notice of exemption will be mailed to the municipal approving authority.
SUBMISSION PACKAGE	A complete application consists of the following: 1. Two (2) completed copies of the county application form: 2. Two (2) copies of the subdivision or site plan drawings; 3. Two (2) copies of the drainage study; if required by the County Land Development Standards or municipal ordinance; 4. Two (2) copies of the traffic impact study, if required by the County Standards or municipal ordinance; and, 5. Payment of the review fee in accordance with the review fee schedule printed on the reverse side of this application. If the review fee is not received with this application, the County Planning Board will bill the applicant directly. *NOTE: Review fee not required for revised submission.* Morris County Planning Board P.O. Box 900 Morristown, NJ 07963-0900 *Located at:* 30 Schuyler Place, 4th Floor Morristown, NJ 07960 Phone: 973-829-8120 Fax: 973-326-9025

MORRIS COUNTY PLANNING BOARD
LAND DEVELOPMENT REVIEW
APPLICATION

P.O. Box 900, Morristown, NJ 07963-0900

Office Located at: *30 Schuyler Place, 4th Floor*
Morristown, NJ 07960

To be filed in duplicate with all new submissions *(see instructions on other side)*

Section I: Submission Requirements *Check Appropriate Boxes*

☐ Planning Board; or ☐ Board of Adjustment

☐ New submission; or ☐ Revised submission *(No review fee)*

☐ Review fee enclosed

☐ 2 copies of drawings, related studies, and this application enclosed.

Section II: Project Information

Project Name: _____ Block (s)_____ Lots (s) _____

Location: Municipality:_____ Road Frontage: _____

Applicant's Name: _____ Phone:_____ Fax: _____ e-mail:_____

Mailing Address: _____

Section III: Site Data

What is being proposed? _____

Zone District (s) in which property is located: _____

Present Use (s) _____ Proposed Use (s) _____

Proposed Water Source: _____ Sewage Disposal _____

Check One Box Only and Complete:

☐ Subdivision: Gross Area of Subdivision Tract_____Acres Number of Lots _____
Net Lot Area _____Acres

☐ Site Plan: Lot Area_____ Acres If Non-Residential:
New Floor Area _____ sq.ft.

If Residential:
Number of Dwelling Units_____ Number of New Parking Spaces _____
Proposed Impervious Surface _____ sq.ft.

Section IV: Review Fees *not required for revised submissions*

Applicant hereby applies for (check one):

	Municipal Classification		Rate		Fee
☐	Subdivision:	Minor	$50.00		$_____
☐	Subdivision:	Sketch	no charge		
☐	Subdivision:	Preliminary	$125.00 + $10.00/lot	(not to exceed $1, 000.00)	$_____
☐	Subdivision:	Final	no charge		
☐	Site Plan:	Multi-Family	$125.00 + $5.00 / dwelling unit	(not to exceed $2,000.00)	$_____
☐	Site Plan	Non-Residential	$125.00 + $3.00 / parking space	(not to exceed $3,000.00)	$_____

Amount Enclosed $_____ Please make check payable to "Treasurer of Morris County"

Application filled out by: _____ _____ Date: _____

Print Name Signature

BOROUGH OF
Kinnelon
130 Kinnelon Road
Kinnelon, New Jersey 07405

973-838-5401
Extension 2
Fax: 973-838-4832
www.kinnelonboro.org

TAX COLLECTOR

Date: _____

TO: **PLANNING BOARD**

NAME: _____

PROPERTY LOCATION: _____

BLOCK: _____

LOT: _____

APPLICATION # _____

Please accept this letter as verification of real estate taxes paid for the purpose of a variance application made to the Kinnelon Board of Adjustment under the Municipal Land Use Law on the above referenced property located in the Borough of Kinnelon.

( ) There are no delinquent taxes

( ) Taxes are delinquent in the amount of $ _____

Very truly yours,

Judy O'Brien

Tax Collector

APPLICANT PLEASE NOTE:

1. This notice must be served by certified mail, or personal service, ten (10) days prior to the scheduled public hearing.

2. Contact Tax Assessors Office for the list of property owners to be served.

3. Public notice must also be given by publication in the official newspaper of Kinnelon ten (10) days prior to the public hearing. Affidavit of Publication must be filed with the Planning Board.

4. Affidavit of Notice must be filed with the Planning Board.

5. Public hearing cannot be scheduled until application has been deemed COMPLETE by the Planning Board or its Administrative Officer.

BOROUGH OF KINNELON

NOTICE TO BE SERVED ON OWNERS OF AFFECTED PROPERTY

PLEASE NOTE:

That application has been made to the Planning Board of the Borough of Kinnelon

by _____on behalf of _____

on the premises known as _____ _____commonly known as
(Block & Lot)

_____in order to permit
(Street Address)

_____for
(Describe type of approval being requested)

_____
(Describe plans for site or subdivision plus nature of variances, if required)

_____

A public hearing has been scheduled for_____
at 7:30 p.m. prevailing time, at the Kinnelon Municipal Building, 130 Kinnelon Road, Kinnelon, NJ. When the case is called you may apper either in person or by agent or attorney and present any comments or objections which you may have to the granting of this application. All plans and related papers will be on file ten days before the meeting date in the Office of the Planning Board for public inspection during regular business hours.

This note is sent to you by the applicant by order of the Planning Board of the Borough of Kinnelon, pursuant to N.J.S.A. 40:55D-12.

_____ _____
Date Applicant

_____
Address

_____
Owner

_____
Address

PLANNING BOARD OF THE BOROUGH OF KINNELON

AFFIDAVIT OF NOTICE

Proof of Service of Notice upon Property Owners must be filed and verified with the Planning Board Secretary at least two (2) days prior to meeting or application will not be heard.

STATE OF NEW JERSEY *
* SS:
COUNTY OF *

_____ _____of full age, being duly

sworn according to law, deposes and says, that he resides at_____

in the municipality of_____, County of_____,

and state of_____;that_____

is the appellant in a hearing before the Planning Board of the Borough of Kinnelon, New Jersey, and

relates to premises_____

_____ that he gave written notice of

the hearing to each and all the owners of property affected by said hearing on the dates and in the

manner set forth on the list of property owners attached hereto and made a part hereof.

Sworn and Subscribed

To before me this _____day _____
(to be signed by the person who served the notice.)

Of_____,20_____

_____
Notary Public of New Jersey