
**MOUNT OLIVE TOWNSHIP
ZONING BOARD OF ADJUSTMENT
VARIANCE APPLICATION INSTRUCTIONS**

The completed application package, together with applicable forms and required fees, must be submitted to the Board Secretary in order for your case to be scheduled.

A complete application shall include:

1. General Information – Page 1 & 2
2. Request for Variance – Pages 3 - 5
3. Affidavit – Page 6: This form must be signed by the owner of the property and the applicant. No other person may make application to the Board of Adjustment, except the owner or person under contract to purchase the premises without a legal Power of Attorney.
4. Certificate of Paid Taxes – Page 7: Fill in the top portion and submit to the Tax Collector’s office for verification of payment of taxes.
5. Certificate of Corporate Ownership – Page 8: If the applicant represents a corporation or partnership, this form must be completed and submitted with the application package.

The applicant is required to submit the original plus 3 copies of the completed application and 13 sets of plans to the Board Secretary along with two (2) checks made payable to “Mount Olive Township”. (See attached fee schedule) One check is a Township application fee. The second will be deposited in an escrow account to cover any engineering, planning, legal and other expenses associated with review of submitted materials. Any money remaining in the escrow account after the application has been acted upon will be returned to the applicant.

After application has been deemed complete and given an application number the following is required of the applicant:

1. Applicant must obtain from the Tax Assessor’s office a list of all adjoining property owners, current within 60 days, within 200 feet of the subject property.
2. Notice of hearing – At least ten days prior to the public meeting, the applicant is required by law to service written notice on the owners listed on the tax list. Notice should also be published in the official newspaper, The Mount Olive Chronicle, Recorder Publishing Co., 17-19 Morristown Road, Bernardsville, NJ 07924 FAX (908) 766-6365 Complete and copy enclosed form. Original should be retained and given to Board Secretary. Notice must be served by certified mail return receipt requested, personal delivery by obtaining property owners full signature on the original tax list.

3. After notifying all adjoining property owners, and publication of legal notice, applicant must complete the Affidavit of Service. It should be notarized and filed with the Board Secretary as proof of service.
4. After completion of above, the following items should be submitted to the Board Secretary to prove notice has been served properly:

- Original Notice to Adjoining Property Owners, completed and signed
- Original Affidavit of Service, signed and notarized
- Original list received from Tax Assessor of property owners within 200 feet
- All white (certified mail slips)
- Any green cards received back
- Verification from newspaper of publication of notice

Please note, that failure to fulfill any of the above requirements will result in application not being heard.

Please contact the Board Secretary (973) 691-0900 Ext. 313 with any questions you may have.

**MOUNT OLIVE TOWNSHIP FEE SCHEDULE
AS PER SECTION 400-18 OF THE LAND USE ORDINANCE**

| | | |
|---------------------|------------------|------------------|
| “C” VARIANCE | | |
| RESIDENTIAL | \$75.00 per lot | \$250.00 per lot |
| | | |
| NON RESIDENTIAL | \$200.00 per lot | \$500.00 per lot |
| | | |
| “D” VARIANCE | | |
| RESIDENTIAL | \$200.00 per lot | \$500.00 per lot |
| | | |
| NON RESIDENTIAL | \$350.00 per lot | \$500.00 per lot |

**MOUNT OLIVE TOWNSHIP
ZONING BOARD OF ADJUSTMENT
VARIANCE APPLICATION**

APPLICANT: NAME _____
 ADDRESS _____

TELEPHONE _____

OWNER: NAME _____
 ADDRESS _____

TELEPHONE _____

OWNER ID # _____

(specify social security #, driver's license, or federal I.D. number)

ENGINEER/SURVEYOR: NAME _____
 ADDRESS _____

TELEPHONE _____

ATTORNEY: NAME _____
 ADDRESS _____

TELEPHONE _____

RELATIONSHIP OF THE APPLICANT TO THE PROPERTY IS:
OWNER _____ PURCHASER UNDER CONTRACT _____

LOCATION OF PREMISES:
STREET _____
BLOCK _____ LOT(S) _____

ZONE:

| | | | | |
|-------------|-------------|-------------|-------------|-----------|
| _____ RR-AA | _____ R-3 | _____ C-2 | _____ G-I | _____ P |
| _____ RR-A | _____ R-4 | _____ CR-3 | _____ FTZ | _____ L |
| _____ R-1 | _____ R-5 | _____ C-LI | _____ O-R | _____ L-I |
| _____ R-2 | _____ C-1 | _____ L-I | _____ M | _____ PB |
| _____ FTZ-1 | _____ FTZ-2 | _____ FTZ-3 | _____ FTZ-4 | |

HOW LONG HAS PRESENT OWNER HAD TITLE TO PROPERTY? _____
HAS THE APPLICANT EVER OWNED OR PRESENTLY OWN PROPERTY CONTIGUOUS TO
THE SUBJECT PROPERTY? _____ YES _____ NO

IF YES: BLOCK _____ LOT _____
DATE CONVEYED: _____

HAS THERE BEEN ANY PREVIOUS APPEALS, REQUEST, OR APPLICATIONS INVOLVING THIS PROPERTY: _____ YES _____ NO
IF YES, STATE CASE NUMBER, NATURE, DATE, AND DISPOSITION OF MATTER:

ARE THERE ANY EASEMENTS/DEED RESTRICTIONS AFFECTING THIS PROPERTY?
_____ YES _____ NO
IF YES, PLEASE DESCRIBE:

REQUEST FOR VARIANCE

APPLICATION IS HEREBY MADE FOR PERMISSION TO (ERECT), (ALTER), (CONVERT), (USE) A _____ CONTRARY TO REQUIREMENTS OF SECTION _____ OF THE LAND USE ORDINANCE:

IDENTIFY VARIANCES REQUESTED: _____

DESCRIPTION OF PROPOSED IMPROVEMENT: _____

DOES PARCEL ADJOIN STATE/COUNTY ROAD? _____

ARE PUBLIC WATER FACILITIES AVAILABLE TO THIS PROPERTY? _____

ARE PUBLIC SEWERAGE FACILITIES AVAILABLE TO THIS PROPERTY? _____

PRESENT USE (DESCRIBE IN DETAIL WITH REFERENCE TO EACH PROPERTY & STRUCTURE)

AREA OF LOT/PARCEL IN SQUARE FEET: _____

JUSTIFICATION FOR VARIANCE

DESCRIBE WHY THE PROPOSED IMPROVEMENT CANNOT CONFORM TO SETBACK AND/OR HEIGHT REQUIREMENTS OF THE ZONE DISTRICT. ARE THERE PHYSICAL CONDITIONS ON YOU PROPERTY WHICH PREVENT COMPLIANCE WITH THE ZONE DISTRICT REGULATIONS?

EXPLAIN IN DETAIL WHY THE VARIANCE CAN BE GRANTED WITHOUT SUBSTANTIAL DETRIMENT TO THE PUBLIC GOOD AND WILL NOT SUBSTANTIALLY IMPAIR THE INTENT AND PURPOSE OF THE ZONE PLAN AND ZONING ORDINANCE.

SITE CHECK LIST

THE APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH REGARD TO APPLICATIONS FOR DECK, SHED, OR FENCE:

- 1. CURRENT SURVEY OF PROPERTY SHOWING LOCATION OF SEPTIC AND WELL; LOCATION OF EXISTING & PROPOSED BUILDINGS, DIMENSIONS OF PROPOSED STRUCTURES (HEIGHT, WIDTH AND DEPTH – PLANS DRAWN TO SCALE IF AVAILABLE).**
- 2. PHOTOGRAPH OR PHOTOGRAPHS OF EXISTING PROPERTY.**

APPLICATIONS FOR ADDITIONS TO PRINCIPAL STRUCTURE MUST SUBMIT:

- 1. SURVEY PREPARED BY LICENSED SURVEYOR, SIGNED AND SEALED, INDICATING PROPOSED IMPROVEMENT AS WELL AS SETBACK FROM LOT LINE.**
- 2. ARCHITECTURAL INFORMATION AS INDICATED ON ATTACHED CHECKLIST.**

AFFIDAVIT

I certify that the foregoing statements and the materials submitted are true. 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 this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

_____ day of _____ 2001

SIGNATURE OF APPLICANT

NOTARY PUBLIC

SIGNATURE OF OWNER

I certify that I am the owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the presentations made and the decision in the same manner as if I were the applicant. (If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this

_____ day of _____ 2001

SIGNATURE OF APPLICANT

NOTARY PUBLIC

SIGNATURE OF OWNER

I understand that the sum of \$_____ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Township of Mount Olive, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. 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.

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

**TOWNSHIP OF MOUNT OLIVE ZONING BOARD OF ADJUSTMENT
CERTIFICATE OF PAID TAXES**

OWNER: _____ Phone #: _____

ADDRESS: _____

TITLE & LOCATION OF PROPERTY: _____

Block # _____ Lot # _____ Zone _____ # of Lots _____

Tax Sheet # _____

Description of Subdivision:

Minor - # of Lots _____

Sketch - # of Lots _____

Prel. - # of Lots _____

Final - # of Lots _____

FOR OFFICIAL USE ONLY

TAXES OF RECORD 2001

FIRST QUARTER _____

SECOND QUARTER _____

THIRD QUARTER _____

FOURTH QUARTER _____

THE TAX COLLECTOR OF MOUNT OLIVE TOWNSHIP _____

CERTIFIES THAT THE ABOVE TAXES ARE PAID TO DATE.

DATE: _____

**TOWNSHIP OF MOUNT OLIVE
ZONING BOARD OF ADJUSTMENT**

APPLICATION #ZBA_____

Notice to property owners and newspaper of appeal and/or application please take notice that the undersigned has filed an appeal or application for development with the Township of Mount Olive Zoning Board of Adjustment for a _____ variance from the requirements of the Land Use Ordinance so as to permit _____ on premises known as _____ Block _____ Lot _____ on the tax map of the Township of Mount Olive. In addition to the above approvals, applicant requests that the application be deemed amended to include any additional approvals, variances, exceptions or waivers determined to be necessary in the review of processing this application, whether requested by the Board or otherwise. A public hearing has been scheduled for _____ 2001, at 7:00 p.m. in the municipal building, Mount Olive, New Jersey at which time you may appear, either in person or by attorney, and present any objections or comments you may have regarding this matter. Any maps or documents for which approval is sought shall be on file and available for public inspection in the offices of the Planning Department between the hours of 8:30 a.m. to 4:30 p.m. This notice is sent to you by the applicant, by order of the Board of Adjustment.

DATED

APPLICANT

AFFIDAVIT OF SERVICE

State of New Jersey:

County of _____:

_____ of full age, being duly sworn according to law, on his oath deposes and says that he resides at _____ in the (municipality) _____ of _____ County of _____ and State of _____ and that he did on _____, 2001 at least ten (10) days prior to hearing date, give personal notice to all property owners within 200 feet of the property affected located on _____, Block _____, Lot _____. Said notice was given either by handing a copy to the property owner, or by sending said notice by certified mail. Originals of registered receipts, both white and green, if returned are attached hereto.

Notices were also served upon: (check if applicable)

- 1. The Clerk of Township of Mount Olive
- 2. Morris County Planning Board
- 3. The Director of the State Planning Commission
- 4. The Department of Transportation
- 5. The Mount Olive Chronicle

In addition, attached hereto are:

- 1. Copy of said notice
- 2. List of owners of property within 200 feet of the affected property who were served, showing the lot and block numbers of each property as same appear on the Municipal Tax Map.
- 3. Proof of publication of notice in the official newspaper of Mount Olive.

(Signature of Applicant)

Sworn and subscribed to
Before me this _____
Day of _____ 2001

(A Notary Public of the State of New Jersey)

**MOUNT OLIVE TOWNSHIP
VARIANCE APPLICATION CHECKLIST**

| PLAN DETAILS | CHECK IF SUBMITTED |
|--|---------------------------|
| METES & BOUNDS (AS PER SURVEY) | |
| TITLE BLOCK CONTAINING: NAME OF APPLICANT PREPARER OF PLANS DATE PREPARED BLOCK & LOT ZONING DISTRICT | |
| SCALE OF MAP | |
| NORTH ARROW | |
| LOCATION OF EXISTING & PROPOSED STRUCTURE AND SETBACKS FROM PROPERTY LINE | |
| HEIGHT OF EXISTING & PROPOSED STRUCTURE | |
| LOCATION OF WELL & SEPTIC SYSTEM | |
| ARCHITECTURAL DESIGN PREPARED BY A LICENSED ARCHITECT IN STATE OF NEW JERSEY | |
| LANDSCAPING PLAN | |
| PROPOSED SIGHT TRIANGLE EASEMENTS | |
| LOCATION & TYPE OF ANY EXISTING EASEMENTS OR RIGHTS OF WAY | |
| DEPICT EXISTING VS. PROPOSED INTERIOR LAYOUT | |
| CONTOURS TO DETERMINE THE NATURAL DRAINAGE | |
| DRIVEWAY DESIGN | |
| PHOTOGRAPHS OF PROPERTY | |