

**BOARD OF ADJUSTMENT  
KINGWOOD TOWNSHIP  
APPLICATION FORM**

**Township of Kingwood  
P.O. Box 199  
Baptistown, New Jersey 08809  
(Telephone: 908-996-4276)**

A fully completed application, checklist and supporting documentation, must be filed with the Township Board of Adjustment Office for review at least twenty-three (23) business days prior to the meeting at which the application is to be considered. The checklist specifies how many copies must be submitted. Unless otherwise waived by the Board, the application and checklist must be completed prior to the conduct of a hearing on the application. Finally, prior to a hearing on the application, statutory notice must be given.

**Application for Variance from the terms of the Zoning Ordinance of Kingwood Township**

**SUBJECT PROPERTY**

Street Address: \_\_\_\_\_  
Tax Block: \_\_\_\_\_ Tax Lot: \_\_\_\_\_ Tax Map Page No.: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Lot Area: \_\_\_\_\_ Lot Frontage: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Width: \_\_\_\_\_

**BUILDING INFORMATION**

If this application relates to a specific structure, provide the following information about that structure:

Size of Building (at street level): \_\_\_\_\_ feet front x \_\_\_\_\_ feet deep \_\_\_\_\_  
Height of Building \_\_\_\_\_ stories \_\_\_\_\_ feet  
Set back from front property line \_\_\_\_\_ feet: from nearest side line \_\_\_\_\_  
Set back from CENTER of nearest road \_\_\_\_\_ Front \_\_\_\_\_ Side \_\_\_\_\_  
Prevailing set-back of adjoining buildings on block \_\_\_\_\_ feet

**APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**DISCLOSURE STATEMENT**

Pursuant to N.J.S. 40:55D-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. 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed by the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion has been disclosed. [Attach pages as necessary to fully comply]

**IF OWNER IS NOT THE APPLICANT**, provide the following information on the Owner(s):

Owner's Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**PROPERTY INFORMATION:**

Restrictions, covenants, easements, association by-laws, existing or proposed applicable to the property:

Yes [attach copies] \_\_\_\_\_ No \_\_\_\_\_ Proposed \_\_\_\_\_

**Note: All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review.**

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

Applicant's Attorney \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Applicant's Engineer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Applicant's Planning Consultant \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

List any other Expert who will submit a report or will testify for the Applicant:  
[Attach additional sheets as may be necessary]

Name \_\_\_\_\_  
Field of Expertise \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email address \_\_\_\_\_

**APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:**

VARIANCES PURSUANT TO N.J.S.A. 40:55D-70:

- \_\_\_\_\_ (C1) Non Use Variance (hardship)
- \_\_\_\_\_ (C2) Non Use Variance (flexible); benefits v. detriment
- \_\_\_\_\_ (D1) A use or principal structure in a district restricted against such use or principal structure
- \_\_\_\_\_ (D2) An expansion of a non-conforming use
- \_\_\_\_\_ (D3) Deviation from a specification or standard pursuant to Section 54 of P.L. 1975, c.291 (C.40:55D-67) pertaining solely to a conditional use
- \_\_\_\_\_ (D4) An increase in the permitted floor area ratio as defined in Section 3.1 of P.L. 1975, c.291 (C40:55D-4)
- \_\_\_\_\_ (D5) An increase in the permitted density as defined in Section 3.1 of P.J. 1975, c.291 (C:40:55D-4) except as applied to the required lot area for a lot or lots for detached one or two dwelling unit buildings which lot or lots are either an isolated undersized lot or lots resulting from a minor subdivision.
- \_\_\_\_\_ (D6) A height of a principal structure which exceeds by 10 feet or 10% the maximum height permitted in the district for a principal structure.

APPEAL/INTERPRETATION PURSUANT TO N.J.S.A. 40:55D-70, (a) and (b):

- \_\_\_\_\_ (a) Appeal to the Board of Adjustment of Order, Requirement, Decision or Refusal by an administrative officer based on or made in the enforcement of the zoning ordinance (attached a copy of the determination)
- \_\_\_\_\_ (b) Request for Interpretation of the zoning map or ordinance or for Decisions upon other special questions upon which the Board of Adjustment is authorized to pass by any zoning or offered map or ordinance.

List Sections of Township Code from which variance(s) and/or interpretation(s) are requested:

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

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 additional pages as needed]

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List Exceptions from and/or Waivers of Development Standards and/or Submissions you are requesting:

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Attach a copy of the Notice to appear in the official newspaper of the municipality to be mailed to the owners of real property, as shown on the current tax duplicate, located with 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, and identify the proposed use of the building(s), structure(s) and/or property at issue.

**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.**

**An affidavit of service on all property owners and a proof of publication must be filed before the hearing can proceed.**

**PRIOR APPEALS**

Has there been any previous appeal involving these premises: \_\_\_\_\_

If so, state the date and nature of appeal; also date and nature of decision:

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

Applicant must furnish for Board of Adjustment records:

1. Sketch plat of property scaled with reasonable accuracy to enable study and evaluation by Board. Plat must show existing buildings and/or proposed structures properly located and in scale.
2. Floor plans of proposed buildings drawn to scale with reasonable accuracy.
3. Front and side elevation sketches (only on new or alteration construction).

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**AFFIDAVIT OF APPLICANT:**

STATE OF \_\_\_\_\_:

SS.

COUNTY OF \_\_\_\_\_:

\_\_\_\_\_ of full age, being duly sworn according to law, on oath, deposes and says that all of the above statements and the statements contained in the papers submitted herewith are true.

\_\_\_\_\_  
Applicant sign here

Sworn to and Subscribed Before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF OWNERSHIP**

STATE OF NEW JERSEY:

SS.

COUNTY OF \_\_\_\_\_:

\_\_\_\_\_ of full age, being duly sworn according to law, on oath deposes and says that the deponent resides at \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_, in the County of \_\_\_\_\_ and in the State of \_\_\_\_\_, that \_\_\_\_\_ is the owner in fee of all that certain lot, piece or parcel of land situated in the Township of Kingwood and designated at Lot \_\_\_\_\_ Block \_\_\_\_\_ on the Tax Map of said Township.

\_\_\_\_\_  
Owner sign here

Sworn to and Subscribed Before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AUTHORIZATION:  
IF ANYONE OTHER THAN THE OWNER IS MAKING THIS APPLICATION, THE  
FOLLOWING AUTHORIZATION MUST BE EXECUTED:**

To the Board of Adjustment:

\_\_\_\_\_ is hereby authorized to make the above application.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Owner sign here