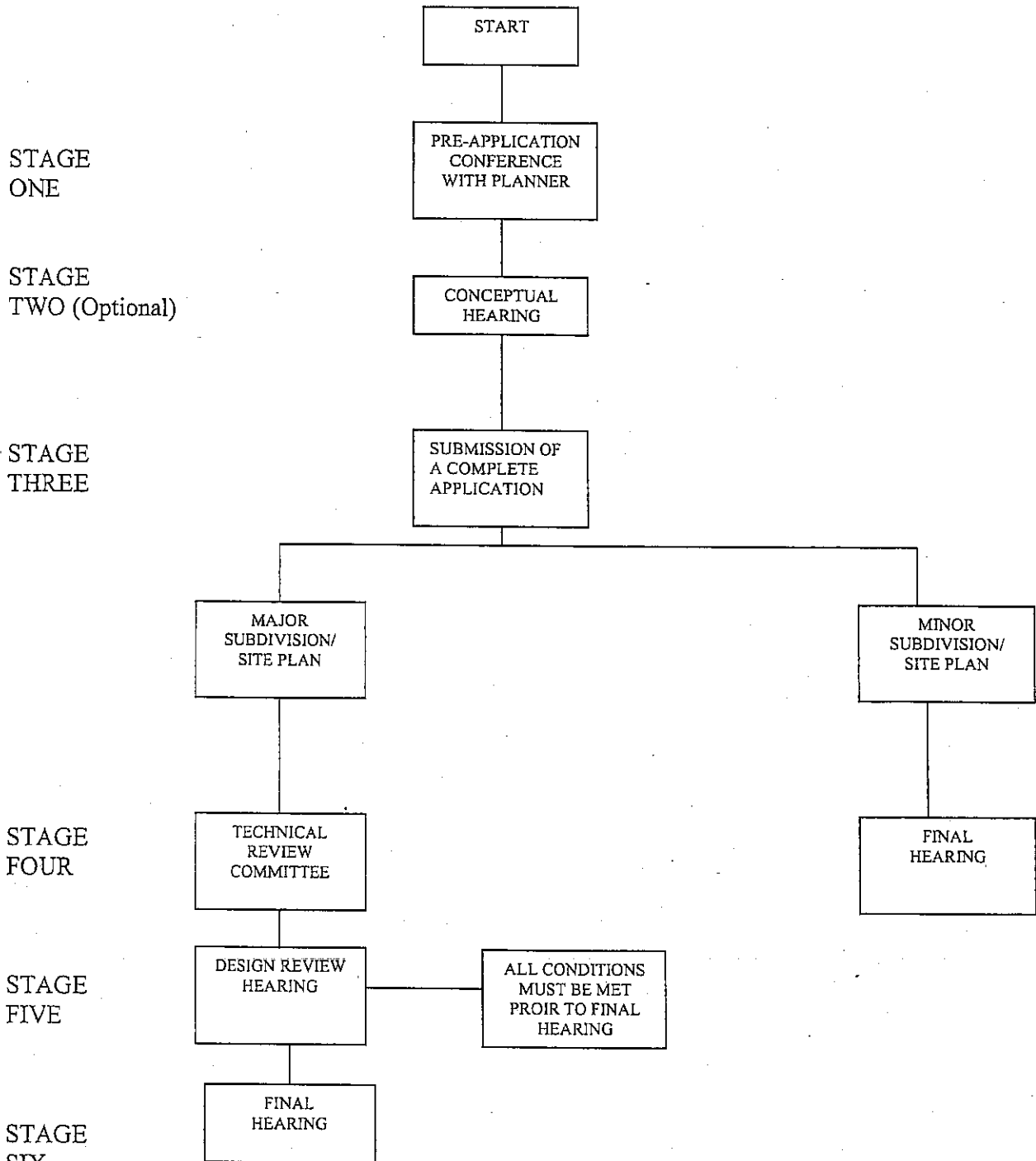


**FLOW CHART OF THE SUBDIVISION/ SITE PLAN  
REVIEW PROCESS**



TIME FRAME: MINOR SUBDIVISION/SITE PLAN = 4 TO 6 WEEKS (APPROXIMATE)  
 MAJOR SUBDIVISION/SITE PLAN = 4 TO 10 WEEKS (APPROXIMATE)

**APPLICATION FOR SITE PLAN REVIEW**

I hereby apply for Site Plan Review and acknowledge that the plan will comply with Linden's Zoning Ordinance, Subdivision and Site Plan Regulations.

I have filled out the enclosed application and have thoroughly reviewed and completed the attached checklist.

I have submitted for review an application, eighteen (18) prints, one (1) mylar copy, one (1) reduced 11" x 17" copy of the plan, and paid all subdivision application fees.

The owners, by filing of this application, hereby give permission to the Linden Zoning and Planning Boards, Planning and Economic Development Coordinator, City Engineer, Conservation Commission, and such agents or employees of the City as the Zoning Board may authorize to enter upon the property, which is the subject of this application, at all reasonable times for the purpose of conducting examinations, surveys, tests, inspections as maybe appropriate; to enable release of any claim or right we may now or hereafter possess against any of the above individuals as a result of any examinations, survey tests, or inspections, conducted on my/our property in connection with this application.

I have read the above and have met all the requirements for submittal in accordance with the Non-Residential Site Plan Regulations.

Owners(s) Name (print): \_\_\_\_\_

Owners(s) Signature: \_\_\_\_\_

# APPLICATION FOR SITE PLAN REVIEW

Date: \_\_\_\_\_

1. Application is submitted for Final Approval?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Is applicant a corporation, partnership or trust? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. Location: Tax Map No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Zoning District: \_\_\_\_\_

4. Applicant/Owner's Name: \_\_\_\_\_

5. Business Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. Agent/Surveyor/Engineer's Name: \_\_\_\_\_

7. Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

8. Name of Development: \_\_\_\_\_

9. Present use of the property: \_\_\_\_\_

10. Proposed use of the property: \_\_\_\_\_

11. Does this application require a Conditional Use Permit?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

12. Number of employees: currently: \_\_\_\_\_ proposed: \_\_\_\_\_

13. Gross Sq. Ft. presently: \_\_\_\_\_ proposed: \_\_\_\_\_

14. Telecommunication Facility, height of tower or antenna array: \_\_\_\_\_

15. Attached are the names and mailing addresses of all abutters to this site? Yes: \_\_\_\_\_ No: \_\_\_\_\_

16. I certify that I have developed my plan in accordance with the Non-Residential Site Plan Regulations and Zoning Ordinance: Yes: \_\_\_\_\_ No: \_\_\_\_\_

17. I have reviewed the City of Linden's Master Plan: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Agent(s) Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Owner's Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

## SITE PLAN CHECK LIST

All plans shall be submitted fifteen (15) days prior to the Zoning Board of Adjustment meeting.

	APPLICANT	ZONING BOARD
1. Location of site, name, address of owners(s) of record;	_____	_____
2. Names and addresses of abutters on the plan and on a separate sheet of paper;	_____	_____
3. Name and address of person(s) or firm preparing drawing;	_____	_____
4. Bar scale of map (1" = 20') and North point;	_____	_____
5. Lot area and Boundary description;	_____	_____
6. Map and lot number;	_____	_____
7. Easement(s) or Right of way;	_____	_____
8. Individual square feet of all building on site;	_____	_____
9. Total square feet of all buildings on site;	_____	_____
10. Proposed structure, shape, height, size, location including expanding existing building(s);	_____	_____
11. Proposed curb cut(s);	_____	_____
12. Proposed street(s) and/or driveway(s);	_____	_____
13. Parking spaces existing and/or proposed;	_____	_____
14. Setback lines (front, side, rear);	_____	_____
15. Drainage plan;	_____	_____
16. Topographic map (based on datum plane established by USGA);	_____	_____
17. Location of public and private utilities;	_____	_____
18. Existing or proposed septic, leach field and well locations;	_____	_____
19. Soil based lot size study (when applicable):	_____	_____
20. Proposed landscape plan;	_____	_____
21. Dumpster location;	_____	_____
22. Proposed lighting;	_____	_____
23. Location of all natural or manmade features (wetlands, marshes, ponds, etc ...);	_____	_____

- 24. Location of loading bays and/or docks; \_\_\_\_\_
- 25. Sign location; \_\_\_\_\_
- 26. Vicinity map; \_\_\_\_\_
- 27. A copy of all applicable City, State, and Federal Permits; \_\_\_\_\_

28. Planning / Zoning Board approval block:

The Zoning Board of Adjustment, in accordance with the City of Linden Site Plan Regulations, approves this plan.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Secretary of the Board*

29. Registered stamp and signature of surveyor/engineer/architect \_\_\_\_\_

OTHER STUDIES (When applicable)

- a. Fiscal Impact Statement \_\_\_\_\_
- b. Traffic Analysis \_\_\_\_\_
- c. Wetlands Analysis \_\_\_\_\_
- d. Soil Erosion Study \_\_\_\_\_
- e. Other studies and/or investigation as warranted by the application \_\_\_\_\_

**Application for Waiver of Site Plan  
Requirement**

Zoning Board of Adjustment  
City of Linden  
Linden, New Jersey

Dear Chairman \_\_\_\_\_ and members of the Board of Adjustment:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, an application was submitted to the Zoning Board for subdivision approval for land located at \_\_\_\_\_  
\_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_.

Application was accompanied by a plan entitled \_\_\_\_\_  
\_\_\_\_\_. The plan was prepared by \_\_\_\_\_  
\_\_\_\_\_ and dated \_\_\_\_\_.

Pursuant to section \_\_\_\_\_ of the subdivision regulations of the Board,  
The following requirement(s) is/are imposed: (Attach sheet(s) if necessary)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

It is respectfully requested that the Board grant a waiver from this requirement for the following reasons:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_

Dated: \_\_\_\_\_

ATTACHMENT I

[For use with corporate applicant]

Certificate of Authorization

Application of: \_\_\_\_\_ (Owner)

Street address: \_\_\_\_\_ (Map \_\_\_\_\_, Lot \_\_\_\_\_)

To the Members of the Linden Zoning Board of Adjustment:

The undersigned, being all the directors of \_\_\_\_\_  
(the "Corporation"), hereby certify that, at a duly called meeting of the board of directors of the Corporation, we authorized the following individual to represent the Corporation in all respects before the Linden Board of Adjustment with respect to the above – described matter, including, but not limited to, signing applications and binding the Corporation to any agreement, condition or any other matter with respect to the above, and certify we have all necessary powers to grant that authority:

\_\_\_\_\_

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, director

\_\_\_\_\_, director

STATE OF NEW JERSEY

\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
the above named \_\_\_\_\_ and made oath that the foregoing  
statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace

STATE OF NEW JERSEY

\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
the above named \_\_\_\_\_ and made oath that the foregoing  
statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace

ATTACHMENT II

[For use with general and limited partnership applicant]

Certificate of Authorization

Application of: \_\_\_\_\_ (Owner)

Street address: \_\_\_\_\_ (Map \_\_\_\_\_, Lot \_\_\_\_\_)

To the Members of the Linden Zoning Board of Adjustment:

The undersigned, being all the duly authorized general partners of \_\_\_\_\_ (the "Partnership"), hereby authorize the following individual to represent the Partnership in all respects before the Linden Board of Adjustment with respect to the above - described matter, including, but not limited to, signing applications and binding the Partnership to any agreement, condition or any other matter with respect to the above, and certify we have all necessary powers to grant that authority:

\_\_\_\_\_

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, general partner

\_\_\_\_\_, general partner

STATE OF NEW JERSEY  
\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, the above named \_\_\_\_\_ and made oath that the foregoing statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace

STATE OF NEW JERSEY  
\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, the above named \_\_\_\_\_ and made oath that the foregoing statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace



ATTACHMENT III

[For use with trust applicant]

Certificate of Authorization

Application of: \_\_\_\_\_ (Owner)

Street address: \_\_\_\_\_ (Map \_\_\_\_\_, Lot \_\_\_\_\_)

To the Members of the Linden Zoning Board of Adjustment:

The undersigned, being all the trustees of \_\_\_\_\_ (the "Trust"), hereby authorize the following individual to represent the Trust in all respects before the Linden Board of Adjustment with respect to the above – described matter, including, but not limited to, signing applications and binding the Trust to any agreement, condition or any other matter with respect to the above, and certify we have all necessary powers to grant that authority:

\_\_\_\_\_

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, trustee

\_\_\_\_\_, trustee

STATE OF NEW JERSEY  
\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
the above named \_\_\_\_\_ and made oath that the foregoing  
statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace

STATE OF NEW JERSEY  
\_\_\_\_\_, SS.

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
the above named \_\_\_\_\_ and made oath that the foregoing  
statements are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Notary Public / Justice of the Peace