Applicant Name (Last, First):

City of Salem
Land Use Checklist
Schedule A – General Requirements

The following requirements are applicable for all submissions to either the Planning Board or Zoning Board of Adjustment:

Please indicate options below:

W = Request for waiver of an item  X = Item included in package  N/A = Item not applicable

<table>
<thead>
<tr>
<th>Please Check</th>
<th>Verification Official Use Only*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fifteen (15) copies of the appropriate application form(s), completely filled in and signed by the Applicant. If any item is not applicable to the Applicant, it should so be indicated on the application form(s).</td>
<td></td>
</tr>
<tr>
<td>2. Certificate indicating that taxes are paid.</td>
<td></td>
</tr>
<tr>
<td>3. Receipt indicating that fees are paid.</td>
<td></td>
</tr>
<tr>
<td>4. Fifteen (15) copies of any required plot plan, site plan, or subdivision plan.</td>
<td></td>
</tr>
<tr>
<td>5. Affidavit of ownership. If Applicant is not the owner, Applicant’s interest in land; e.g., tenant, contract/purchaser, lienholder, etc., and a copy of the document creating that interest. (Prices may be deleted.)</td>
<td></td>
</tr>
<tr>
<td>6. If a corporation or partnership, list names and addresses of all stockholders or individual partners owning at least ten percent (10%) of its stock of any class as required by N.J.S.A. 40:55D-48.1 et seq.</td>
<td></td>
</tr>
<tr>
<td>7. Names and addresses of witnesses and their expertise, if any.</td>
<td></td>
</tr>
<tr>
<td>8. Statement as to any application requirements for which waiver is sought, together with a statement of reasons why should be granted.</td>
<td></td>
</tr>
<tr>
<td>9. A list of all other requirements or standards of Chapter 130, Land Use, that are not met by the application and for which a waiver or variance is sought.</td>
<td></td>
</tr>
</tbody>
</table>

*Verification Official Use Only – (Please Sign)

Checklist Verified By: ___________________________ Date ___________________________
City of Salem Planning/Zoning Board Application

Application to the City of Salem Planning/Zoning Board is made for the following (check as many as apply):

☐ Appeal to City Council ☐ Zoning Permit ☐ Any required use or signed permit
☐ Site Plan/Final ☐ Site Plan/Prelim ☐ Major Subdivision/Prelim
☐ Minor Subdivision ☐ Interpretation ☐ Conditional Use
☐ Informal Review ☐ Use Variance ☐ Bulk Variance
☐ Major Subdivision/Final ☐ Site Plan Review ☐ Appeal from Zoning Officers decision
☐ Resubmission or revision of development plan or application

Fifteen (15) copies of application and ALL supporting materials must be filed ten (10) days prior to date of hearing for completeness.

Date Filed: ______________________________________ (mm/dd/year)

1. Applicant Information:

Applicant Full Name: ________________________________________________

(Please Print)

Applicant Address: __________________________________________________

(City/State/Zip)

Telephone: ______________________

Is Applicant (please check that may apply): ☐ Individual

☐ Corporation (provide list of stockholders)

☐ Partnership (provide list of partners)

Applicant’s interest in property: _______________________________________

__________________________________________

City of Salem | Office of the Planning/Zoning Board | 17 New Market Street – Annex Building
| 1 New Market Street – Municipal Building (meetings held) | Salem, NJ 08079 |
856-935-5510 x209
http://www.cityofsalemnj.org
Applicant Name (Last, First): ____________________________

*If applicant is a corporation, provide the name and addresses of the President, Vice President, Secretary, and Treasurer and attach to application.

If applicant is other than present owner of property in question, please provide present owner information:

(Name and address of present owner)

2. Attorney Information: NOTE: Corporate applicant must be represented by NJ attorney

Attorney's Name: ____________________________ (Please Print)

Firm and Address: ____________________________

(City/State/Zip)

Telephone: ____________________________

3. Architect/Engineer:

Name: ____________________________ (Please Print)

Firm and Address: ____________________________

(City/State/Zip)

Telephone: ____________________________

2. Property Location

Block____ Lot____ Zone____ Address: ____________________________

Was a previous application submitted for the proposed development? If yes, date ____________________________

Description of Contemplated Development: ____________________________

Description of Drainage Requirement: ____________________________

General Information including total number of lots, dwelling type (single, attached, two family, multi-family) and total number of dwelling units: ____________________________
Applicant Name (Last, First): ________________________________

If variance is sought, describe change in lot area, setback requirement or yard requirement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. **Signature of Tax Office Representation stating that no local taxes/assessments are due:**

________________________________________________________________________

Date: ________________________________

4. **Signature of Applicant:** ________________________________

Date: ________________________________

**Signature of Owner (if not applicant):** ________________________________

Date: ________________________________