

TOWNSHIP OF MORRIS
PLANNING BOARD APPLICATION
P.O. BOX 7603, 50 WOODLAND AVENUE, CONVENT STATION, NJ 07961-7603
PHONE # 973-326-7215 FAX #973-605-8363

The Technical Committee (TCC) meets the first and third Thursday of each month. The Planning Board meets the first and third Monday of each month. An application must be received (2) weeks prior to a TCC meeting for scheduling. Once the TCC has deemed the application complete and ready for consideration by the Board, a public hearing will be scheduled through the Board secretary.

File **original** and **fifteen copies** of application form with **required application and escrow fees. All applications** (except final major subdivision), shall be accompanied by **sixteen copies** of **Plat Plan** showing complete subdivision/ site plan, adjacent properties, key map and all other requirements in accordance with the land development (chapter 57) and zoning (chapter 95) ordinances of the Township of Morris. The **Planning Board** meets the **first** and **third** Monday of every month. **Filing is required three weeks prior** to the meeting.

CHECK TYPE (S) OF APPLICATION (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> MINOR SUBDIVISION | <input type="checkbox"/> CONCEPT REVIEW (TCC) |
| <input type="checkbox"/> MAJOR SUBDIVISION / PRELIMINARY | <input type="checkbox"/> "C" VARIANCE (s) _____ (#) |
| <input type="checkbox"/> MAJOR SUBDIVISION / FINAL | <input type="checkbox"/> EXCEPTIONS (aka Waiver) (s) _____ (#) |
| <input type="checkbox"/> SITE PLAN/ AMENDED SITE PLAN | <input type="checkbox"/> "D" (USE) VARIANCE |
| <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> OTHER (Please Specify) |
| <input type="checkbox"/> SITE PLAN WAIVER | _____ |

1. APPLICANT (S) INFORMATION:

NAME _____

PHONE # _____ FAX _____ EMAIL _____

ADDRESS _____

Please check one: OWNER _____ or Purchaser under contract _____

* If not owner, attach separate sheet giving owners consent to file application*

IF APPLICANT IS NOT THE OWNER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER'S NAME _____ PHONE # _____

ADDRESS _____

HAS THE OWNER OF THE PROPERTY IN QUESTION SIGNED THEIR CONSENT ON THE PLANS BEING SUBMITTED?

YES _____ NO _____ **IF NO, A NOTARIZED AFFIDAVIT OF OWNER'S CONSENT MUST BE ATTACHED.**

2. PROPERTY/TRACT INFORMATION:

BLOCK (S) _____ LOT (S) _____ NAME OF PROPERTY/TRACT (IIFANY) _____

STREET ADDRESS _____

ZONING DESIGNATION _____ **AREA OF PROPERTY/TRACT** (acreage or square feet) _____

PORTION OF LOT BEING UTILIZED (percentage) _____

3a. **VARIANCES REQUESTED** _____ (YES or NO) 3b. **WAIVERS REQUESTED** _____ (YES or NO)

IF VARIANCES AND/OR WAIVERS ARE REQUESTED, PLEASE STATE DETAILS (**including specific ordinance section (s) from which relief is being sought**) _____

4. **DEVELOPMENT PLANS** - BRIEF EXPLANATION: _____

Major or Minor Subdivision, Provide the following: NUMBER OF PROPOSED LOTS _____

NUMBER OF PROPOSED UNITS: MARKET _____ MODERATE _____ LOW _____ TOTAL _____

ATTACHING ADDITIONAL SHEETS, IF NECESSARY, TO THE APPLICATION? YES _____ NO _____

5. OTHER (Please Explain) _____

6. PERSONS OR FIRM PREPARING PLANS: _____
ADDRESS _____ TELEPHONE NO. _____
FAX NO. _____ EMAIL _____

7. ATTORNEY NAME _____
ADDRESS _____ TELEPHONE NO. _____
FAX NO. _____ EMAIL _____

8. OTHER PROFESSIONALS (*IF ANY*) WORKING ON APPLICATION
NAME _____
ADDRESS _____ TELEPHONE NO. _____
FAX NO. _____ EMAIL _____

NAME _____
ADDRESS _____ TELEPHONE NO. _____
FAX NO. _____ EMAIL _____

SIGNATURE OF APPLICANT, ATTORNEY, AND/OR AGENT FOR APPLICANT **DATE**

PRINTED NAME **RELATIONSHIP TO APPLICANT**