

**TOWN OF BOONTON**  
**APPLICATION FOR DEVELOPMENT**

*Must be filed in Triplicate with the Secretary along with eighteen (18) copies of folded plans twenty (20) calendar days prior to the regular meeting of the Board. Board meets 2<sup>nd</sup> Wednesday of every month.*

APPLICATION NO. \_\_\_\_\_

PLANNING BOARD

BOARD OF ADJUSTMENT

DATE FILED: \_\_\_\_\_ APPLICATION FEE PAID \_\_\_\_\_

NOTICE REQUIRED YES  NO  TAXES ON PROPERTY PAID YES  NO

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APPLICANT TO COMPLETE THE FOLLOWING:

APPLICATION FOR

- Subdivision     Concept Plan Approval  
                     Minor  
 Site Plan         Preliminary Approval  
                     Final Approval

VARIANCES, ETC. (Separate application required)

- bulk variance  
 use variance  
 conditional use  
 other \_\_\_\_\_

1. APPLICANT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_

2. OWNER (if other than applicant) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. INTEREST OF APPLICANT IF OTHER THAN OWNER: \_\_\_\_\_

4. LOCATION OF PROPERTY (STREET ADDRESS) \_\_\_\_\_

TAX MAP SHEET NO. \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT (S) \_\_\_\_\_ ZONE \_\_\_\_\_

5. WAS THIS PREMISES THE SUBJECT OF PREVIOUS ACTION BY THE PLANNING OR ZONING BOARD? \_\_\_\_\_  
IF YES, PLEASE GIVE THE APPLICATION NUMBER, DISPOSITION AND DATE OF ACTIONS: \_\_\_\_\_

6. NAME & ADDRESS OF ENGINEER OR LAND SURVEYOR DESIGNING PLAN:

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

\_\_\_\_\_ FAX NO. \_\_\_\_\_

\_\_\_\_\_ LICENSE NO. \_\_\_\_\_

NAME AND ADDRESS OF APPLICANT'S ATTORNEY IF REPRESENTED BY ATTORNEY:

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

\_\_\_\_\_ FAX NO. \_\_\_\_\_

OWNER'S CONCENT:

I (WE) AUTHORIZE \_\_\_\_\_ TO FILE THIS APPLICATION AND STATE THAT I (WE) OWN THE PROPERTY BEING PROPOSED FOR DEVELOPMENT. IN THE CASE OF A SUBDIVISION, THE PROPERTY IS RECORDED IN THE MORRIS COUNTY CLERK'S OFFICE IN BOOK \_\_\_\_\_, PAGE \_\_\_\_\_.

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

CERTIFICATION BY APPLICANT:

THE UNDERSIGNED DOES HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_