

BRIDGEWATER TOWNSHIP  
SOMERSET COUNTY, NEW JERSEY

FORM # 3E

APPEAL OR VARIANCE APPLICATION ONLY  
(NO SITE PLANS OR SUBDIVISIONS)

Board File Name: \_\_\_\_\_

Application #: \_\_\_\_\_ Date Received: \_\_\_\_\_

(Do not write above this line)

Check type of application:

\_\_\_\_\_ Appeal Zoning Officer's Decision      \_\_\_\_\_ Interpretation      \_\_\_\_\_ Other

\_\_\_\_\_ C- Variance (Bulk Variance)      \_\_\_\_\_ D-variance

\_\_\_\_\_ Simple Variance Application (see attached qualifications)

1. Applicant's name \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name and address of present owner if other than above \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Attorney's name \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Plan Preparer/Engineer's name \_\_\_\_\_

Address \_\_\_\_\_

License No: \_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

5. The Property

a) BLOCK \_\_\_\_\_ LOT(s) \_\_\_\_\_

b) Street Address \_\_\_\_\_

c) Zone in which property is presently located \_\_\_\_\_

d) Is public water available to property? \_\_\_\_\_

- e) Is public water proposed \_\_\_\_\_
- f) Is public sanitary sewer available to property? \_\_\_\_\_
- g) Is public sanitary sewer proposed \_\_\_\_\_
- h) Does the owner or applicant own any contiguous property? \_\_\_\_\_  
 If so identify Block(s) \_\_\_\_\_; Lot(s) \_\_\_\_\_;  
 Area \_\_\_\_\_ s.f.

6. Set forth the sections of the Land Use Ordinance from which relief is requested:

SECTION	PERMITTED	PROPOSED
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7. Has there been any previous appeal, request, or application to this or any other Township Boards regarding this property?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, attached copy of resolution, letter of response and state the nature, date and disposition of said matter:

8. Fees submitted: Application fee: \$ \_\_\_\_\_ Escrow: \$ \_\_\_\_\_

9. If the application does not involve the use of the property or the expansion of a non-conforming use, set forth the exceptional conditions of the property preventing applicant from complying with Land Use Ordinance:

(Use separate sheet)

10. If the application involves the use of the property or the expansion of a non-conforming use, set forth the reason why the variance requested should be granted

(Use separate sheet)

11. Set forth the facts relied upon to demonstrate that the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the zone plan and Land Use Ordinance

(Use separate sheet)

12. Present use of existing buildings and premises:

13. Proposed use: \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)





**SIMPLE VARIANCE (126-35F):**

If the application involves nothing more than the erection of a fence or shed on the property of a single- or two-family residence, construction of a swimming pool accessory to a single- or two-family residence, or construction of an addition to or an alteration of a single- or two-family residence not to exceed a total of 500 square feet.

**Checklist requirements are abbreviated for simple variance applications:**

- The applicant may use a certified land survey for providing necessary data, but all adjustments made to the survey must be in different color than the survey.
  - Items in the above checklist which may be excluded: 24, 25, 26
- 

**NOTICE REQUIREMENTS:**

The following proof of satisfying the notice requirements must be filed with the Land Use Administrator in the Planning Department a minimum of 48-hours prior to the hearing date:

1. Affidavit of Service.
2. Copy of the notice served.
3. Certified list of property owners within 200 feet and others served with manner of service
4. Certified Mail receipts stamped by the USPS
5. Affidavit of publication from the newspaper in which the notice was published.

**FORM # 1**

**BRIDGEWATER TOWNSHIP  
- CONSENT BY OWNER**

I, \_\_\_\_\_, am the owner of the property known as Block (s) \_\_\_\_\_, Lot (s) \_\_\_\_\_ as shown on the Tax Map of Bridgewater Township. I am aware of the application that is to be filed with the Planning Board or Zoning Board of Adjustment in Bridgewater Township and I consent to said application. I permit the Board, its staff or other designated officials to enter onto the property which is the subject of this application and review existing and proposed site and development elements.

I further understand that there are fees that must be paid in accordance with said application. In the event that the applicant does not pay all of the appropriate fees including application and escrow fees as required for this application, I consent to have any unpaid balance placed as an added assessment against my property to be collected by the Tax Collector's office in due course.

*(This form must be signed and notarized, even if the applicant is the owner)*

\_\_\_\_\_  
Signature of Owner

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

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

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

**FORM # 2**

**DISCLOSURE STATEMENT FOR CORPORATIONS AND PARTNERSHIPS  
APPLYING FOR SITE PLAN AND SUBDIVISION APPROVAL**

**CORPORATIONS:**

Please indicate the following with respect to the Corporation:

NAME \_\_\_\_\_

ADDRESS OF PRINCIPAL OFFICE \_\_\_\_\_

REGISTERED AGENT: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE OF INCORPORATION \_\_\_\_\_

If other than New Jersey, is Corporation authorized to do business in New Jersey? \_\_\_\_\_

If so, when was authorization obtained? \_\_\_\_\_

List all stockholders controlling 10% or greater of stock: \_\_\_\_\_

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

**PARTNERSHIPS:**

Please indicate the following with respect to the partnership:

TRADE NAME \_\_\_\_\_

ADDRESS OF PRINCIPAL OFFICE \_\_\_\_\_

NAMES AND ADDRESSES OF PARTNERS \_\_\_\_\_

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

# VARIANCE AND DESIGN WAIVER REPORT

**FORM # 4**

(SUBMIT WITH ALL APPLICATIONS)

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

LOT(S) \_\_\_\_\_ BLOCK(S) \_\_\_\_\_

CURRENT ZONING DISTRICT \_\_\_\_\_

TOTAL SQUARE FEET OF ALL STRUCTURES \_\_\_\_\_ s.f.

	Ordinance Requirement	Existing	Propose	Variance Y or N
Improved Lot Coverage (all improvements)	_____ %	_____ %	_____ %	_____
Floor Area Ratio (F.A.R.)	_____	_____	_____	_____
Lot Area	_____	_____	_____	_____
Lot Width	_____	_____	_____	_____
Side Yard (one)	_____	_____	_____	_____
Side Yard (total of both)	_____	_____	_____	_____
Front Yard	_____	_____	_____	_____
Rear Yard	_____	_____	_____	_____
Building height and number of stories	_____	_____	_____	_____
Parking	_____	_____	_____	_____
ACCESSORY STRUCTURES				
Side yard	_____	_____	_____	_____
Rear yard	_____	_____	_____	_____
LIST OTHER VARIANCES (type)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
LIST ALL DESIGN WAIVERS				

**RECOMMENDATION:**

Attach letters and other supporting documentation that applicant attempted to purchase adjacent land to make lot conforming.

Provide evidence that Variance will not be detrimental to the neighborhood and adjacent residences such as documentation that variance conforms to existing conditions in the area

# BRIDGEWATER FEE SCHEDULE - VARIANCE, APPEALS, CONDITIONAL USE

VARIANCES - Each variance shall be computed.

	Application Charge	Application Fee Subtotal	Initial Escrow Fee *	Initial Escrow Fee	Subtotal *
<input type="checkbox"/> A	Appeals (NJSA 40:55D-70a)	\$100.00 X	\$1,500.00	\$1,500.00	\$1,500.00 X
<input type="checkbox"/> B	Interpretation (NJSA 40:55D-70b)	\$100.00 X	\$1,500.00	\$1,500.00	\$1,500.00 X
<input type="checkbox"/> C	Hardship/Bulk (NJSA 40:55D-70c)	\$250.00 X	\$3,000.00	\$3,000.00	\$3,000.00 X
<input type="checkbox"/> D	Use (NJSA 40:55D-70d)	\$250.00 X	\$3,000.00	\$3,000.00	\$3,000.00 X
<input type="checkbox"/> E	Permit (40:55D-34&35)	\$100.00 X	\$1,000.00	\$1,000.00	\$1,000.00 X
<input type="checkbox"/> F	SIMPLE VARIANCE	\$75.00 X	\$350.00	\$350.00	\$350.00 X

Single & Two-Family Residences ONLY:

Addition/Alteration not to exceed 500 square feet:

For buildings, fence, shed, swimming pool and deck.

APPEAL TO TOWNSHIP COUNCIL \$250.00 \$ None

CONDITIONAL USE  
 Determine whether to authorize a Conditional use shall be made by the Planning Board \$350.00 \$1,500.00

Total for Application Fee \$ Total Initial Escrow\* \$

Payment is to be made in TWO checks. One check is to be identified as the APPLICATION FEE and the second check is to be identified as ESCROW ACCOUNT (must attach completed W-9 form)

\* NOTE: Initial Escrow fee is the first deposit, fees may be greater than the initial payment based on the circumstances of the individual application, number of revisions, resubmissions etc.

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as reported on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <span style="font-size: small;">▶</span>	
	Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	Requester's name and address (optional)
List account number(s) here (optional)		
<b>Part I Taxpayer Identification Number (TIN)</b>		

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								

*Note.* If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person <span style="font-size: small;">▶</span>	Date <span style="font-size: small;">▶</span>
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### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• any estate (other than a foreign estate) or trust. See Regulation section 301.7701-8(a) for additional information.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



## THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY / BRIDGEWATER, NJ 08807  
PH 908-725-6300/FAX 908-725-4163

OFFICE OF THE TAX ASSESSOR

### REQUEST FOR 200' RADIUS LIST OF CERTIFIED PROPERTY OWNERS

DATE \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_

APPLICANT \_\_\_\_\_

PICK-UP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAIL TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PAID- CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

MAIL TO: BRIDGEWATER TAX ASSESSOR'S OFFICE  
100 COMMONS WAY  
BRIDGEWATER, NJ 08807

**PLEASE NOTE:**

**THE CHARGE FOR THIS LIST IS \$10.00 FOR FORTY (40) OR LESS PROPERTIES. EACH PROPERTY IN EXCESS OF FORTY (40) HAS AN ADDITIONAL .25-CENT CHARGE. IN ADDITION, AS PER SECTION § 94 OF THE CODE OF BRIDGEWATER TOWNSHIP, THE TOWNSHIP MAY CHARGE AN ADDITIONAL \$35.00 FEE PER HOUR FOR THE COST OF PREPARING A LIST OF CERTIFIED PROPERTY OWNERS**

Our policy is that a certified list is not started until the check is received by our office. Once received, we will make every effort to get this list to you as soon as possible

**SAMPLE FORM OF NOTICE OF PUBLICATION TO BE PUBLISHED IN THE OFFICIAL NEWSPAPER OF THE TOWNSHIP (Courier News) AT LEAST 10-DAYS PRIOR TO THE HEARING DATE**

**BRIDGEWATER TOWNSHIP  
NOTICE OF HEARING**

TAKE NOTICE, that on \_\_\_\_\_ (date of public hearing) at \_\_\_\_\_ (time) P.M. a public hearing will be held before the Bridgewater Township \_\_\_\_\_ (Planning or Zoning) Board at the Bridgewater Municipal Courtroom, 100 Commons Way, Bridgewater, New Jersey to consider the application of \_\_\_\_\_ (applicant's name) for the following:

1. (List type of variance, what is required in the zone and what is proposed for each variance requested including the lot-line adjustment or minor subdivision)

Including any other variances the Board may deem necessary.

So as to permit ( example: construction of ; installation of ; creation of one new developable lot ) on the premises located at \_\_\_\_\_ (address) and designated as Block \_\_\_\_\_ (#) Lot \_\_\_\_\_ (#) on the Bridgewater Township Tax Map.

The application and supporting documents are on file with the Secretary of the Bridgewater Township Board and may be inspected at the Bridgewater Township Municipal Complex at 100 Commons Way in the Planning Department, during regular business hours Monday through Friday, 9:00 am to 5:00 pm.

Any interested party may appear at said hearing and participate therein in accordance with the rules of the Board.

\_\_\_\_\_  
(Name of Applicant)

AFFIDAVIT OF SERVICE

STATE OF NEW JERSEY

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

I \_\_\_\_\_ of full age, being duly sworn according to law, upon oath deposes and says that on \_\_\_\_\_, at least 10 days prior to the hearing date, I did deposit in the United States mail via certified mail, with postage prepaid thereon a copy of the annexed Notice of Hearing. Copies of the certified receipts are also attached hereto. Said notice was sent to all shown on the list annexed hereto which list is a list of owners of property within 200 feet of the effected property which were served as well as any public utilities which have registered with the Township of Bridgewater. The signature of any owner served personally appears alongside their name. Also attached hereto is a certified list of property owners and public utilities prepared by the Tax Assessor of the Township of Bridgewater.

In addition to those shown on the list, notices were served upon (Check if applicable)

- ( ) 1. Clerk of adjoining municipalities  
 ( ) 2. Somerset County Planning Board  
 ( ) 3. The Department of Transportation

Sworn to and subscribed before me on \_\_\_\_\_

(mm/dd/yyyy)

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

**NOTICE REQUIREMENTS:**

If required, the following proof of satisfying the notice requirements must be filed with the Land Use Administrator in the Planning Department a minimum of 48-hours prior to the hearing date:

1. Affidavit of Service.
2. Copy of the notice served.
3. Certified list of property owners within 200 feet and others served with manner of service
4. Certified Mail receipts stamped by the USPS only.
5. Affidavit of publication from the newspaper in which the notice was published.