

**TOWNSHIP OF BRIDGEWATER
SOMERSET COUNTY, NEW JERSEY**

FORM # 3C

Board File Name: _____

Application #: _____

Date Filed: _____

(Do not write above this line)

APPLICATION: FINAL MAJOR SUBDIVISION

Please check this box if this is an amendment to an approved final Subdivision. If so, please submit 24 copies of lot layout and one full set. Also submit 24 copies of the approved resolution.

1. Applicant's name: _____

Address: _____

E-mail address: _____ Phone: _____ Fax: _____

2. Owner's name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

3. Attorney's name: _____

Address: _____

E-mail address: _____ Phone: _____ Fax: _____

4. Plan Preparer/Engineer's name: _____

Address: _____ Email: _____

License #: _____ Phone: _____ Fax: _____

5. Approval date of Preliminary Major Subdivision _____

6. Does the Final Plat follow exactly the Preliminary Plat in regard to all details and area covered?

If not, indicate changes _____

7. Attach 24 copies of the lot layout and two full sets of the Preliminary Plat as approved by the Planning Board

8. Number of lots proposed for Final Approval _____

9. List of maps, documents and other materials accompanying application, number of each and date of preparation (Use separate sheet)

Signature of applicant _____ Date: _____

FINAL MAJOR SUBDIVISION CHECKLIST

Applicant _____ Date _____

Block(s) _____ Lot(s) _____ Application #: _____

App. Bwt.

1. **Twenty four (24) sets** of the Application form with supporting documentation as required, including this checklist and Plats. This and all other documents you wish to submit ***MUST be collated*** into (24) sets.
(or you may select the following option)
2. **OPTION:** You may choose to submit (3) full sets of documents for completeness review only. When the documents submitted comply with the submission requirements, we will notify you to submit the other (21) sets in order to be deemed complete. This option is made available to applicants in an effort to save resources expended on numerous plans that may need to be revised and resubmitted.
3. All fees must be paid.
Application fee: _____ Escrow Fee: _____
(Fee Schedule with calculations must be submitted, including a signed W-9)
4. If the application involves a request for a *subdivision or site plan* including land development of more than 50 dwelling units or 50,000 square feet of non-residential building space or all major subdivisions or site plans within 500 feet of a municipal border or critical natural resources like primary or secondary streams identified in the County Open Space Plan, that may affect neighboring jurisdictions, *you must submit a copy of the full application packet including plans to Somerville Borough and Raritan Borough and provide proof of submission/mailling.*

Plats should contain the following data:

1. Identification -- Name of Subdivision
2. Tract boundary lines, rights-of-way lines of street names, easements and other rights-of way, land to be reserved or dedicated to public use, all lot lines with accurate dimensions, bearings of deflection angles and radii, arcs and chord bearings, distances, arc lengths, radii of all curves and areas of each lot in square feet and area of all dedicated lands
3. Location of easements or public dedications
4. Block(s) and Lot(s) as approved by the Tax Assessor (attach letter)

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 - SUBDIVISION

	Application Charge		Application Fee Subtotal	Escrow Fee		Escrow Fee Subtotal
CONCEPT SKETCH						
<input type="checkbox"/>	A. Five Lots or More	\$100.00	\$ _____	\$3,000.00		\$ _____
<input type="checkbox"/>	B. Less than Five Lots	\$100.00	\$ _____	\$1,500.00		\$ _____
MINOR SUBDIVISION						
<input type="checkbox"/>	A. Minor Subdivision	\$125.00	\$ _____	\$3,000.00		\$ _____
<input type="checkbox"/>	B. Lot Line Adjustment (No Variances)	\$50.00	\$ _____	\$1,000.00		\$ _____
<input type="checkbox"/>	PRELIMINARY MAJOR SUBDIVISION	\$110/ Lot	\$ _____	\$5000 + \$500/ Lot		\$ _____
<input type="checkbox"/>	FINAL MAJOR SUBDIVISION	\$55/ Lot	\$ _____	\$5000 + \$500/ Lot		\$ _____
VARIANCES - EACH variance shall be computed.						
<input type="checkbox"/>	A. Appeals (NJSA 40:55D-70a)	\$100.00	x _____	\$1,500.00	x _____	\$ _____
<input type="checkbox"/>	B. Interpretation (NJSA 40:55D-70b)	\$100.00	x _____	\$1,500.00	x _____	\$ _____
<input type="checkbox"/>	C. Hardship/Bulk (NJSA 40:55D-70c)	\$250.00	x _____	\$3,000.00	x _____	\$ _____
<input type="checkbox"/>	D. Use (NJSA 40:55D-70d)	\$250.00	x _____	\$3,000.00	x _____	\$ _____
<input type="checkbox"/>	E. Permit (40:55D-34&35)	\$100.00	x _____	\$1,000.00	x _____	\$ _____
<input type="checkbox"/>	AMENDED SUBDIVISION PLAN OR EXTENSION OF APPROVAL	50% of initial Fee		50% of initial Escrow		\$ _____
Total for Application Fee			\$ _____	Total 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)

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 ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Employer identification number								

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

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.)

Sign Here	Signature of U.S. person ▶	Date ▶
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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 301.7701-6(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 dully 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.

ESCROW AGREEMENT

THIS AGREEMENT made this ____ day of _____, 20____, between _____ hereinafter referred to as "Applicant", and the Planning or Zoning Board of the Township of Bridgewater, hereinafter referred to as "Board", and the Township Council of the Township of Bridgewater, hereinafter referred to as "Township".

WHEREAS, the Applicant has filed an application for development under the Township's Zoning Ordinance ("Ordinance"); and

WHEREAS, the Ordinance requires the Applicant to establish an escrow whereby work required to be performed by professionals employed by the Board will be paid for by the Applicant as required under the provisions of the Ordinance cited above; and

WITNESSETH:

IT IS mutually agreed between the parties that:

Section 1. Purposes. The Board authorizes its professional staff, (generally Planner, Engineer and /or Attorney) to review, inspect, and study all plans, documents, statements, improvements, and provisions made by the Applicant in conforming to the requirements of the Ordinance cited and referred to above. Moreover, the Board directs that its Professional Staff, thru oral or written reports, detail its professional findings to the Applicant, the Board and where necessary to the Administration

The Applicant agrees to pay all reasonable professional fees incurred by the Board for the performance of the duties outlined above.

Section 2. Escrow Established. Applicant, Board and Township, in accordance with the provisions of this agreement, hereby agree to the creation of an escrow account to be established by the CFO of the Township of Bridgewater, to be maintained in a banking institution or savings and loan association in this State insured by an agency of the federal government, or in any other fund or depository approved for such deposits by the State of New Jersey, in an account bearing interest at the minimum rate currently paid by the institution or depository on time or savings deposits.

Section 3. Escrow Funded. Applicant, upon signed execution of this agreement shall remit funds, within 14 business days to the Township's Land Use Administrator, to be deposited by the CFO in the depository referred to in Section 2.

Section 4. Increase in Escrow Fund. If during the existence of this agreement the escrow funds held by the Township shall fall below 25% of the original escrow, Applicant shall within fourteen (14) business days from the date of receipt of written notice by the Land Use Administrator to the Applicants point of contact, either by email or US Postal service, remit such additional funds with the Land Use Administrator to replenish the escrow to at least 50% of the original escrow. During this period the professional staff, at their option, may cease all review activities. The written notice sent by the Land Use Administrator setting forth the amount of the

deficit and the member or members of the professional staff to whom the additional sums are due. Unless otherwise shown, receipt shall be presumed to have occurred within three (3) business days after US Postal mailing or one (1) day for email. The Land Use Administrator shall submit all requests for additional funds to:

Applicant Name:

Applicant Address:

Applicant E-mail:

Applicant Phone:

Section 5. Billing. All bills from professional staff shall be submitted in accordance with N.J.S.A. 40:55D-53.2.

IN WITNESS WHEREOF the parties hereto have their hands and seal the date first written above.

,Applicant

Sworn and subscribed to before me this day _____ of, 20____ .

Notary Public