

BRIDGEWATER TOWNSHIP  
SOMERSET COUNTY, NEW JERSEY

FORM # 3E-A

SIMPLE VARIANCE APPLICATION ONLY

(For Simple Variances that Conform to Section 126-35F)

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

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

(Do not write above this line)

Check type of application:

\_\_\_ C Variance (Bulk Variance)

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)




17. Architectural plans including proposed elevations, dimensions, floor layout, square footage, and number of stories and façade signs.
18. All fees must be paid.  
 Application fee: \$ \_\_\_\_\_ Escrow Fee: \$ \_\_\_\_\_  
 (Fee Schedule with calculations must be submitted, including a signed W-9)
19. Zone Chart showing zone requirements (existing, proposed and required) for all setbacks, impervious coverage, F.A.R., building coverage, building height and parking. Chart is to show what is provided. Graphic representations for setbacks are required.
20. The signature block must be located directly above the title block in the lower right hand corner of the plans. Plans are considered folded correctly when the title block and signature block are visible without opening the plans. Full name and title of the chairman, secretary and engineer must be lettered on the plan immediately below the signature line.
21. Certification from the Tax Collector that all taxes are current and paid (attach certification)
22. Consent by Owner Form: signed and notarized by owner even if applicant is owner.
23. Listing of 10% or greater of corporate or partnership stock

X \_\_\_\_\_  
 Signature of person preparing application

\_\_\_\_\_  
 Date

The applicant may request that one or more of the submission requirements be waived; however, the request must be in writing and state the reason for the waiver request. If the submission waiver is honored during completeness review, the Board still has the right to request the same information during the hearing process in addition to any other information they deem necessary for proper review of the application.

For Compliance, a Simple Variance shall conform to the requirements in Sections I & II of the Compliance Report for Simple Variances.

**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

**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)	X	\$	\$1,500.00	X	\$
<input type="checkbox"/>	B Interpretation (NJSA 40:55D-70b)	X	\$	\$1,500.00	X	\$
<input type="checkbox"/>	C Hardship/Bulk (NJSA 40:55D-70c)	X	\$	\$3,000.00	X	\$
<input type="checkbox"/>	D Use (NJSA 40:55D-70d)	X	\$	\$3,000.00	X	\$
<input type="checkbox"/>	E Permit (40:55D-34&35)	X	\$	\$1,000.00	X	\$
<input type="checkbox"/>	F SIMPLE VARIANCE	X	\$	\$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 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: Escrow fees may be greater than the Initial payment based on the circumstances of the individual application.

# Request for Taxpayer Identification Number and Certification

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) \_\_\_\_\_  
 Requester's name and address (optional) \_\_\_\_\_

**6** City, state, and ZIP code \_\_\_\_\_

**7** 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/ir9](http://www.irs.gov/ir9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1099-T (dividend)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## 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) & CERTIFIED MAIL TO PROPERTY  
OWNERS WITHIN 200-FEET, 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. Accommodation will be made for individuals with a disability, pursuant to the Americans With Disabilities Act (ADA), provided the individual with the disability provides 48 hours advance notice to the Township Clerk before the public meeting. However, if the individual should require special equipment or services, such as a CART transcriber, seven days advance notice, excluding weekends and holidays, may be necessary.

\_\_\_\_\_  
(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.

X \_\_\_\_\_

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