

## WASHINGTON BOROUGH SUBDIVISION AND SITE PLAN APPLICATION

**NOTE:** This application will not be accepted for filing more than 28 days prior to a meeting date and not less than 21 days prior to a meeting date.

This application will be reviewed for completeness at the Planning Board Meeting to be held:

\_\_\_\_\_, \_\_\_\_\_.

This application will be deemed complete or incomplete by the approving authority at the above-indicated meeting. Acceptance of this application by the Clerk is not deemed a statement by the municipality that this application is complete. The approving authority will determine when a public hearing shall be held and applicants are advised not to advertise for a public hearing until the Board determines the application complete and sets the hearing date.

Application No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

\_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Tax Map Sheet: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Address of Tract: \_\_\_\_\_

**Name of Project:** \_\_\_\_\_

Application For:  
(Check one box only)

SUBDIVISION	Minor	Major
Informal		
Preliminary Plat		
Final Plat		

SITE PLAN	
Informal	
Minor	
Preliminary	
Final	

SUBDIVISION- STATUTORY EXEMPTION	
Agricultural	
Testamentary	
Court Order	
Combination	

## WASHINGTON BOROUGH SUBDIVISION AND SITE PLAN APPLICATION

Complete the appropriate box for individual responsible for project coordination.

OWNER(S)		APPLICANT(S)	
Name		Name	
Address		Address	
Telephone		Telephone	

OWNER(S)		APPLICANT(S)	
Name		Name	
Address		Address	
Telephone		Telephone	

ENGINEER		ATTORNEY	
Name		Name	
Address		Address	
Telephone		Telephone	

ARCHITECT		LAND SURVEYOR	
Name		Name	
Address		Address	
Telephone		Telephone	

**DEVELOPMENT SITE DATA**

**Tax Map Sheet:** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot** \_\_\_\_\_ **Zone** \_\_\_\_\_

Project Name: \_\_\_\_\_

Acreage: Entire Tract: \_\_\_\_\_ Developed Portion: \_\_\_\_\_

Zone District: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Variance Required: Yes \_\_\_ No \_\_\_

If yes, state extent: \_\_\_\_\_

Is Development to be sectioned?: \_\_\_\_\_ If yes, state # of sections: \_\_\_\_\_

Number of New Lots (including remainder): \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

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

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

## WASHINGTON BOROUGH SUBDIVISION AND SITE PLAN APPLICATION FOR BOROUGH USE ONLY

Applicant Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Map Sheet: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Address of Tract: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Date Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Date of Completeness Determination: \_\_\_\_\_  
(determined by the Board)

Fee(s) Received	Amount	Date
Application Fee		
Review Fee		
Inspection Fee		

Date of Expiration: \_\_\_\_\_

<b>Time Extended:</b>	Time	Expiration Date
	_____	_____
	_____	_____
	_____	_____

Action By The Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



## WASHINGTON BOROUGH SUBDIVISION AND SITE PLAN APPLICATION

APPLICATION NUMBER: \_\_\_\_\_

APPLICANT NAME(S): \_\_\_\_\_

OWNERS NAME(S): \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

TAX MAP PAGE: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

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THE APPLICANT IS TO HAVE THE FOLLOWING COMPLETED BY THE APPROPRIATE MUNICIPAL OFFICIALS:

The real estate taxes and assessments for the above referenced property have been paid to:

\_\_\_\_\_ and there \_\_\_\_ (are) \_\_\_\_ (are not) any payments currently due and owing. This statement is made in satisfaction of the provisions of R.S. 40:55-D-39 (e) and does not constitute a tax search and assessment pursuant to R.S. 54:5-12.

**As to real estate taxes:**

Kay F. Stasyshan, Tax Collector  
100 Belvidere Avenue  
Washington, NJ 07882

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

**As to other assessments:**

Kristine Blanchard, Borough Clerk  
100 Belvidere Avenue  
Washington, NJ 07882

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

**As to establishment of escrow account (if needed):**

Kay Stasyshan  
100 Belvidere Avenue  
Washington, NJ 07882

Amount deposited: \_\_\_\_\_

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



