

**TOWNSHIP OF SOUTH BRUNSWICK
APPLICATION FOR REZONING OF PROPERTY**

Pursuant to the Township of South Brunswick Municipal Code, Section 62-41(a)(5), and the applicable New Jersey State Law, application is made to the Township of South Brunswick for the rezoning of property.

1. General Data

a. Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

b. Name of owner:(if different from applicant) _____

Address _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

c. Name of Attorney (if applicable)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2. Site Data

Block (s): _____

Lot (s): _____

Street Address of Property: _____

Total Acreage of Property: _____

Proposed Use of Property:

Number of Buildings Proposed (if known) _____

3. Rezoning Request

a. Change the zone designation:

from _____ Zone to _____ Zone

b. Reasons for rezoning request _____

c. Is the zone requested consistent with South Brunswick Township's Master Plan?

Yes _____ No _____

4. Plans (if any) List all plans and other exhibits submitted, including names of preparers: (attach separate sheet if necessary)



5. Certification

I do hereby certify that the information, plans and exhibits submitted in support of this application are true and correct to the best of my knowledge, and that I am authorized to file this application and act on behalf of the persons whose signatures appear below. I authorize Township Officials to enter on and inspect the property that is the subject of this request.

I have attached the application fee of \$250.00 and the escrow fee of \$2,500.00 for Township review of this rezoning application.

No review of this request will begin unless the application fee has been paid in full.

Signature of All Owners

Date:_____

Date:_____

Date:_____

Signature of All Applicants
(if different than owners)

Date:_____

Date:_____

Date:_____

6. Contact Person: Regarding matters pertaining to this application:

Name:_____

Phone#_____ Fax#:_____

FOR INTERNAL USE ONLY:

CHECKLIST:

FEE PAID _____

REFERRAL TO PLANNING
(if any) _____

PLANNING BD. REVIEW _____

COUNCIL REVIEW _____

COUNCIL DECISION _____

COUNCIL ORDINANCE _____

SOUTH BRUNSWICK TOWNSHIP

PLEASE SUBMIT ONE FORM FOR EACH BLOCK & LOT TO BE SEARCHED

REQUEST TO: TAX SEARCH OFFICER IN TAX COLLECTOR'S DEPT.

DATE: _____ BLOCK _____ LOT _____
 QUAL. _____ ADD'L LOT _____

OWNER: _____

ADDRESS: _____

PROPERTY ADDRESS: _____

REQUESTED BY: _____

We hereby certify that the status of this property is as indicated below as of _____

LIENS:	<u>PAID</u>	<u>UNPAID</u>	<u>NOT YET DUE</u>	<u>NOT APPLICABLE</u>
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20 _____ Taxes	_____	_____	_____	_____
1 st Qtr	_____	_____	_____	_____
2 nd Qtr	_____	_____	_____	_____
3 rd Qtr	_____	_____	_____	_____
4 th Qtr	_____	_____	_____	_____

Tax Sale Certificate _____

Added Assessment	_____	_____	_____	_____
Added Omitted	_____	_____	_____	_____

Rollbacks _____	_____	_____	_____	_____
(YRS) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Improvement Assess.	_____	_____	_____	_____
_____	_____	_____	_____	_____

Water & Sewer	_____	_____	_____	_____
ACCT.# _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Follow up Phone Call _____ Date _____

SEND TO THE PLANNING DEPARTMENT UPON COMPLETION