

BOA APPLICATION GUIDELINES

1. Fill out the BOA Application in its entirety.
2. On Page 2 and 4, you're required to calculate all fees involved with your application.
3. Fill out checklist on Page 3.
4. Page 4 - fill in the presented line and dates with the date you present the application to the Township. Fill in the appropriate application fee amounts you are submitting.
5. Affidavit of Applicant must be signed and witnessed by a Notary on Page 8.
6. If applicant is not the owner of the premises that the application is being submitted for, then the owner must sign and have witnessed by a Notary the Affidavit on Page 9.
7. Affidavit of Service on Page 10 requires that you notify all owners within 200 feet of the property. You may obtain this list from the Tax Assessor's Office in the Township Municipal Building, 201-529-5757 extension 223. It takes approximately 7- 10 days to receive. Once complete, please provide us with copies as outlined.
8. Page 12 is a sample outline for the notice required to be submitted to the newspaper and sent to all names on the 200' list.
9. Page 13 & 14 must be filled out even if the premises are not Historical.
10. Page 15 is verification of taxes paid. You may obtain this information at the Tax Office, for more information you may call 201-529-5757 ext. 226
11. Fill out the W9 Form and include it with your original application, this is needed to open your Escrow Account with the bank.

Please ensure that you have included an Addendum with the work being proposed including all variances being requested and which codes/ordinances pertain to your application. Explain in detail the hardship (reason) you needed to apply to the Board of Adjustment.

We request that you submit the application in the following sequence:

Pages W9, 3, 4, 5, 6, 8, (9 if applicant is other than owner), 11, 13, 14 and 15.

All other requested information is to be placed after page 15.

Page 10 will come in at a later date with the additional proof of notice requirements.

Before the completed application is ready to be submitted, please make a complete hardcopy and PDF to retain for your records. You will need this when submitting the additional copies.

We request that you submit only the ORIGINAL INK SIGNED AND NOTARY SEALED APPLICATION. Once your application has been reviewed we will contact and inform you how to submit the additional 13 copies. All plans must be folded before including them in your packets.

Public Hearing Procedures Of the Township of Mahwah Zoning Board

Welcome to a public hearing of your Zoning Board! We are glad that you are here and we hope to benefit from your attendance and your input. This page outlines the procedures which the law requires us to follow.

Our printed agenda is available before all our meetings. Frequently public hearings will not be completed at one meeting and will be carried to a future meeting, so note this carefully because notice in writing will not be repeated. To confirm a continuation or rescheduling, call the Board office during work hours.

PROCEDURES:

A hearing is similar to a court proceeding. The chairman runs the meeting as a judge might and the Board is comparable to a jury who will vote on a final decision. The applicant provides testimony themselves and by other witnesses that they may wish to call to support the application.

The applicant also has the right to cross-examine any objectors, so statements should be supportable, not hearsay such as petitions and wishes.

A record of the meeting is tape recorded, so when you speak, do so slowly and loudly. All witnesses must state their names and spell them and their addresses. Only the chairman may decide who speaks at a given time.

The meeting is held either in the Mahwah Township Municipal Courtroom or remotely via a video/conference such as Zoom. This will be determined and told to you when we offer you a Public Hearing date.

DOCKETS:

When a docket is called by the chairman, the applicant comes forward, introduces himself, gets sworn in and then explains the nature of his application. He will then give testimony and if there are witnesses they also will be sworn in and give testimony. If the applicant is represented by an attorney he will follow as the attorney directs.

Following the testimony of each witness, the Board will ask questions and seek clarifications needed for an informed vote. The chairman will then ask if there are any questions from the public of the witness. This will take place after each witness. This time is only for questions.

If you have a question, raise your hand. When the chairman calls on you, please stand, go to the microphone, state your name and address and ask your questions.

After all testimony has been given, and all witnesses have been heard, and all questions have been asked, the chairman will ask the public if they have any comments or statements to make either pro or con regarding the application. At this time, if you have any comments, you become a witness and you must be sworn in. When you are recognized by the chairman, come forward to be sworn in, then to the microphone, state your name and spell it, and your address. Then you may make your statement or comments.

The chairman has the right to close the public portion of a hearing if he feels that the audience is unruly or is making comments that are not relevant to the case. He may also limit an individual's time in order to give adequate time to others. When you follow the above procedure, your input will have maximum impact on the Board's deliberations.

The Board votes on an application during a work session, either the same evening, if there is time, or at a subsequent meeting. This will be announced at the close of the application.

We hope that your evening, and the part you play in it, will be effective and satisfying, and we thank you for coming out and participating in this democratic process.

All members of the Zoning Board of Adjustment are appointed by the Town Council and serve in the public interest without compensation.

Charles Rabolli, Jr.,
Chairman Mahwah Zoning
Board of Adjustment

BOARD OF ADJUSTMENT SUBMISSION CHECKLIST
TOWNSHIP OF MAHWAH

APPLICANT NAME _____

DOCKET # _____

YES NO

1. Appropriate Application Fees and Escrow Deposits are to be determined by the applicant and to be included in the original application.

SUBMIT ONLY THE COMPLETED ORIGINAL INK SIGNED AND NOTARY SEALED APPLICATION, WITH THE FEES, DEPOSIT SLIP AND ALL OF THE FOLLOWING ITEMS ON THE CHECKLIST BELOW. ONCE REVIEWED WE WILL REQUEST 13 ADDITIONAL COPIES OF:

2. Completed Application Form including W9
3. A. Applicant's Affidavit signed by applicant and notarized
B. Owner's Affidavit signed by owner and notarized
4. Key Map or Tax Map Sheet, HIGHLIGHT YOUR PROPERTY
 - A. Show Block, Lot, Zone, Municipal Boundary, Streets within 200 Ft. of subject property
 - B. Structures with Dimensions and Dimensions to nearest lot line
 - C. Aerial photograph of property including all Properties at least within 200 feet
5. Survey of Applicant's Lot
 - A. Lot Area (sq. ft.) width and depth
 - B. Present (solid lines) and proposed (dash lines) Structure with Dimensions and Dimensions to nearest lot line.
 - C. Location of Well, Septic System, Drainage Ditches, Easements and other outstanding features
6. Floor Plan if applicable
7. Attach Statement setting forth reasons for the hardship and need of a variance
8. Attach Verification of Taxes Paid obtained from the tax office

If application for site plan or subdivision approval is made concurrent with and application for a "D" Variance, separate application for same must accompany the variance application. SITE PLAN AND "D" VARIANCE APPLICATIONS REQUIRE 18 COPIES. ALL PLANS MUST BE FOLDED

() COMPLETE () INCOMPLETE

3

Geraldine Entrup

Date

BOARD OF ADJUSTMENT
ESCROW FEE SCHEDULE

If the Administrative Officer determines during his/her review of the application of professional review and preparation of documents, including but not limited to engineering and planning review, are necessary, the Administrative Officer may require the applicant to establish an Escrow Account to cover the reasonable cost of the required professional review. The applicant shall deposit, forthwith upon demand, the following sums, to meet the estimate of cost of professional review and consultation, which funds shall be placed in an Escrow Account in accordance with the provision of Subsection 22-3.4(h) and/or 26.3.2(£). Upon resolution of the application, the applicant may request an accounting of escrow funds used, and any unused escrow funds shall be returned to the applicant.

Appeals N.J.S.A. 40:55D-70 (a)	\$250.00
Interpretation N.J.S.A 40:55D-70(b)	\$1,000.00
<u>Variances (one or more) N.J.S.A. 40:55D-70(c)</u>	
-Residential	\$750.00
-Non-Residential	\$1,000.00
Variances N.J.S.A. 40:55D-70(d)	\$2,000.00

DOCKET NO: _____

PRESENTED DATE: _____

FEES PAID:

APPL.\$ _____ DATE _____

ESCROW \$ _____ DATE _____

Revised by Ord. #1784

08/03/16

BOARD OF ADJUSTMENT APPLICATION
TOWNSHIP OF MAHWAH

APPLICANT _____

- () A VARIANCE
- () B VARIANCE
- () C VARIANCE

- () D VARIANCE
- () E VARIANCE

1. Applicant's Full Name _____
Address _____
Telephone # _____
Email address _____

2. Street address of site: _____

Block _____ Lot _____ Tax Map Sheet No. _____

3. The premises are situated on the: (East) (West) (North) (South) side of _____
_____ street approximately _____ feet from

the intersection of _____

4. The premises are located in the following zone: _____

5. Owner's name, address and telephone: _____

6. Relationship of applicant to owner (i.e. Tenant, Agent, Contact Purchaser, Other): _____

7. Legal Counsel, name address and telephone: _____

8. The present use of the premises: _____

9. The purpose of this application is to permit the erection, alteration, extension or use described as follows: _____

10. List **ALL** Ordinances involved in this application from which variances are requested. You may find this information on the Township website under Municipal Code. State type of variance requested with specific Code section or Ordinance No. _____

11. The dimensions of the property are: _____

Square feet or _____ acres, and contain the following structures: _____

12. Dimensions or size of proposed building or use: _____

13. Setbacks of building (s), structure(s) or use: Front: _____ Rear: _____
Left Side _____ Right Side: _____

14. Date property acquired: _____. Prevailing zoning at the time of acquisition: _____

15. Have there been any previous appeals, requests or applications to this or any other Township Board or Construction Official involving these premises? Yes _____ No _____

If yes, state the nature, date and disposition of said matter and attach copies of any decision, resolutions or approvals:

16. What are the exceptional conditions of the property preventing applicant from complying with the Zoning Ordinance requirements? _____

17. Supply a statement of facts showing why relief can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the zone plan and Zoning Ordinance: _____

18. Does applicant or owner own any property which adjoins the premises which are the subject of this application? _____

If so, clearly indicate such premises on the map called for in Item #20.

**ADDITIONAL INFORMATION &
SCHEDULE TO BE ATTACHED**

19. All applicants must attach to this application a schedule showing the following information (if applicable):

- A. Type of construction
- B. Description of any deed restrictions or easements affecting this property.
- C. Photograph(s) of land and buildings involved in this application.
- D. Names and Addresses of all expert witnesses proposed to be called and estimate of time to present case.
- E. Proof of payment of all taxes due and owing on the site.
- F. Payment of Applicant Fees and Escrow.

20. Attach a Key Map or scale drawing (photocopy of Tax Map) showing streets, lots and structures within 200 feet of applicant's lot with dimensions from applicant's lot lines. On each of said lots show block and lot number and owner's name. Show any municipal boundaries and identify them as such. Attach floor plan, if applicable.

21. Attach a survey, plot plan or accurately scaled drawing showing applicant's lot (not less than 1"= 100') showing metes and bounds, lot width and depth, present and proposed structures with dimensions to the nearest lot lines. Show the location of wells, septic systems, drainage ditches, easements and any other outstanding features. Show total square foot area of lot. All existing and proposed signs must be located and shown with dimensions of each.

22. Attach a copy of any contract or agreement relating to this application or property.

23. If the applicant is a corporation or partnership, the names and addresses of all stockholders or partners owning a 10% or greater interest in said corporation or partnership shall be set forth below in accordance with P.L. 1977 Ch. 336. All Corporations must be represented by an attorney.

24. AFTER THE REVIEW IS COMPLETE APPLICANTS MUST SUBMIT THIRTEEN (13) COPIES OF ALL ITEMS REQUIRED. ALL PLANS MUST BE FOLDED BEFORE SUBMITTED.

AFFIDAVIT OF SERVICE

STATE OF NEW JERSEY:

SS

COUNTY OF BERGEN:

_____ of full age, being duly sworn according to law, on his oath deposes and says that he resides at _____ in the (municipality) of _____ County of _____, and State of _____ and that he did on _____ 20_____, at least ten (10) days prior to hearing date, give personal notice to all property owners within 200 feet of the property affected by Docket # _____ located at _____

Said notice was given either by handing a copy to the property owner, or by sending said notice by Certified Mail. Copies of the registered receipts are attached here to.

Notices were also served upon:

(Check what is applicable)

- () 1. The Clerk of the (municipality) of _____
- () 2. County Planning Board
- () 3. Director of the Division of State & Regional Planning
- () 4. Department of Transportation
- () 5. Clerk of Adjoining Municipalities

A copy of said notices are attached here to and marked "Exhibit A". Notice was also published in the official newspaper of the municipality as required by law.

Attached to this affidavit and marked "Exhibit B" is a list of owners of property within 200 feet of the affected property who were served, showing the lot and block numbers of each property as same appear on the municipal tax map, and also a copy of the certified list of such owners prepared by the Tax Assessor of the Township of Mahwah, which is marked "Exhibit C".

There is also attached a copy of the proof of publication of notice in the official newspaper of the Township of Mahwah which is marked "Exhibit D".

(Signature of Applicant)

Sworn and subscribed to

Before me this

_____ day of _____
_____ 20____.

UNDER THE NEW ESCROW ACCOUNTING LAW, THE TOWNSHIP PROFESSIONALS MUST SEND TO EACH APPLICANT AN INFORMAL COPY OF ALL VOUCHERS FOR THEIR PROJECT SUBMITTED TO THE TOWNSHIP. THIS IS TO BE DONE ON A MONTHLY BASIS.

PLEASE INDICATE IN THE SPACE BELOW THE NAME AND ADDRESS OF THE PERSON YOU WANT COPIES OF THE MONTHLY CHARGES BY THE TOWNSHIP PROFESSIONALS SENT TO.

DOCKET #

(Zoning Department will provide this #)

NAME

ADDRESS

**SAMPLE OUTLINE FOR NOTICE TO BE PUBLISHED IN OFFICIAL
NEWSPAPER AND SENT TO ADDRESSES ON THE 200' LIST**

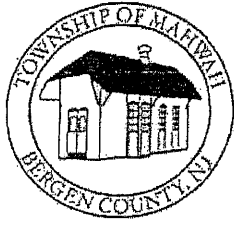
**TOWNSHIP OF MAHWAH
ZONING BOARD OF ADJUSTMENT**

PLEASE TAKE NOTICE that (applicant's name) has made an application to the Mahwah Board of Adjustment and the hearing will be held on the ____ day of _____, 20__, at (place of hearing, address and time, if a Zoom Video Conference is being held, you will need to state that and include the Zoom Invitation in your notice). The application is for the (describe the work which is being proposed along with type of variance(s) and waivers requested) for premises located at: (address, block, lot (s) and tax map page).

The Application and related maps and papers are on file and may be available for inspection at the Board of Adjustment Office at 475 Corporate Drive, Mahwah, N.J. 07430 during business hours. You may contact the Board Secretary at 201- 529- 5757 extension 242 with any questions you may have.

Any interested party may appear in person at the scheduled hearing or join the video/conference remotely.

(Name of Applicant)



Township of Mahwah
Municipal Offices; 475 Corporate Drive
P.O. Box 733 Mahwah, NJ 07430
Tel 201 529-5757 Fax 201-512-0537

Board of Adjustment ex 243

Zoning/Planning Board ex 245

HISTORIC PRESERVATION COMMISSION

This Data Sheet is to provide known information to the TOWNSHIP OF MAHWAH HISTORIC PRESERVATION COMMISSION for use in reviewing and formulating recommendations to the Township on the subject application plan. The applicant is requested to fill in as much detail and to provide as much additional information as possible,

TITLE BLOCK

PROJECT NAME: _____ FOR:*****

TYPE OF PLAN: SITE SUBDIVISION >REGISTERED OWNER:
(CIRCLE)

OTHER ----- _____

Municipality: MAHWAH >PLAN PREPARED BY: _____

County: BERGEN _____

State: NEW JERSEY >SCALE: _____

NAME OF APPLICANT/OWNER REPRESENTATIVE
PREPARING THIS FORM: _____

TITLE: _____
(HISTORIC PRESERVATION COMMISSION USE ONLY)

REVIEW BLOCK:

DATE OF ORIGINAL PLAN: _____ HISTORIC SITE ON PROPERTY?
NO _____ YES _____

REVISION

DATES OF COMMISSION REVIEWS: _____

BACKGROUND & SITE DESCRIPTION: _____

LIST ALL OFFICIALLY DESIGNATED HISTORIC SITES ON THE SUBJECT PROPERTY, IF KNOWN, AND INDICATE WHETHER THEY ARE CURRENTLY LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES (NRHP), AND/OR THE NEW JERSEY REGISTER(NJR), AND/OR THE MAHWAH REGISTER (MHSR).

LIST AND BRIEFLY DESCRIBE ALL NON -DESIGNATED STRUCTURES OR FEATURES ON THE SITE THAT ARE ESTIMATED TO BE FIFTY YEARS OF AGE OR OLDER.

EXAMPLES: BUILDINGS; FOUNDATION RUINS; WALLS; HAND-DUG WELLS; FISH WIERS; INDLAN SITES; CEMETERY SITES; ROADS OR TRAILS OF ANCIENT ORIGIN; ST AMS; PONDS OR OTHER WATER COURSES; ANY OTHER FEATURES THAT MIGHT BE OF HISTORIC INTEREST.

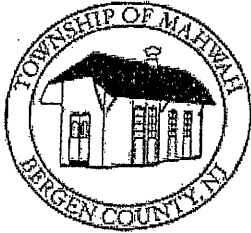
NAME AND BRIEFLY IDENTIFY, IF KNOWN, PROMINENT FORMER OR PRESENT OWNERS, RESIDENTS OR VISITORS:

LIST AND BRIEFLY DESCRIBE, IF KNOWN, ANY HISTORIC FEATURES OR SITES ON ADJACENT PROPERTIES, OR WITHIN 200' OF THE SUBJECT BOUNDARIES:

ALL INFORMATION PROVIDED BY THE UNDERSIGNED IS DEEMED BY THAT PERSON TO BE ACCURATE AND COMPLETE TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE AND BELIEF.

APPLICANT/OWNER OR AUTHORIZED
REPRESENTATIVE

DATE



Township of Mahwah Municipal Offices:
475 Corporate Drive P.O. Box
733 Mahwah, NJ 07430
Tel 201-529-5757 Fax 201-512-0537

Board of Adjustment ex 243

Zoning/Planning Board ex 245

DATE: _____

_____ BOARD OF ADJUSTMENT

_____ PLANNING BOARD

VERIFICATION OF TAXES PAID

Pursuant to the Municipal Land Use Law:

This is to certify that taxes for the year(s) _____

are paid through the _____ Quarter:

BLOCK _____ LOT(S)

Qualifier _____

OWNER OF RECORD: _____

PROPERTY LOCATION:

Elizabeth M. Villano, CTC
Tax Collector

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
_____ - _____ - _____
or
Employer identification number
_____ - _____

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 for Part II, later.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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), 1098-T (tuition)
- 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, later.