



CITY OF JERSEY CITY
GENERAL DEVELOPMENT
APPLICATION (“GDA”)



1 Jackson Square, 2nd floor, Jersey City NJ 07305 | P:201-547-5010 | cityplanning@jcnj.org

THIS SECTION TO BE COMPLETED BY CITY STAFF ONLY

Intake Date: _____ Application No. _____

Date Validated as an Application for Development: _____

Date Deemed Complete: _____

1. SUBJECT PROPERTY

Address: _____ Block & Lots: _____

Ward: _____

2. BOARD DESIGNATION

☐ Planning Board ☐ Zoning Board of Adjustment

3. APPROVALS BEING SOUGHT

<input type="checkbox"/> Conceptual Plan/Informal Review	<input type="checkbox"/> "c" variance(s)/Deviation	<input type="checkbox"/> "A" appeal
<input type="checkbox"/> Minor Site Plan	<input type="checkbox"/> (d) variance(s): use, density, etc.	<input type="checkbox"/> Waiver of Site Plan Requirements
<input type="checkbox"/> Preliminary Major Site Plan	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Interpretation ("B" appeal)
<input type="checkbox"/> Final Major Site Plan	<input type="checkbox"/> Prelim. Major Subdivision	<input type="checkbox"/> Site Plan Amendment
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Final Major Subdivision	<input type="checkbox"/> Other (fill in) _____

4. PROPOSED DEVELOPMENT

Name & Nature of Use (describe project) _____

5. VARIANCE/ DEVIATION NOTES

Sections of the Land Development Ordinance or Redevelopment Plan from which relief is requested (List Variances/Deviations): _____

Applicant's reasons for the Planning Board or Board of Adjustment to grant relief:

6. APPLICANT

Applicant's Name _____ Street Address _____

Phone _____ Fax _____ City _____ State _____ Zip _____

e-Mail address _____

7.
OWNER

<hr/>		<hr/>		
Owner's Name		Street Address		
<hr/>		<hr/>		
Phone	Fax	City	State	Zip
<hr/>		<hr/>		
		e-mail address		

8.
APPLICANT'S
ATTORNEY

<hr/>		<hr/>		
Attorney's Name		Street Address		
<hr/>		<hr/>		
Firm's Name		City	State	Zip
<hr/>		<hr/>		
Phone		e-mail address		
Fax				

9.
PLAN
PREPARERS

<hr/>		<hr/>		
Engineer's Name & License Number		Street Address		
<hr/>		<hr/>		
Firm's Name		City	State	Zip
<hr/>		<hr/>		
Phone		e-mail address		
Fax				

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Surveyor's Name & License Number		Street Address		
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Firm's Name		City	State	Zip
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Phone		e-mail address		
Fax				

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Planner's Name & License Number		Street Address		
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Firm's Name		City	State	Zip
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Phone		e-mail address		
Fax				

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Architect's Name & License Number		Street Address		
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Firm's Name		City	State	Zip
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Phone		e-mail address		
Fax				

10.
SUBJECT
PROPERTY
DESCRIPTION

Site Acreage (square footage and dimensions):

_____ sf _____ x _____ (dimensions)

Zone District(s): _____

Present use: _____

Redevelopment Area: _____
Historic District: _____

Check all that apply for present conditions:

☐ Conforming Use
☐ Conforming Structure
☐ Vacant Lot

☐ Non-Conforming Use
☐ Non-Conforming Structure

What is your FEMA flood zone and base flood elevation (BFE)?:

Check all that Apply:

☐ Application for a new building on undeveloped tract

☐ Application for new use of existing building

☐ Application for use of a portion of a building

Is the subject building or property on the list of properties eligible for the Historic Register?
☐ yes ☐ no

Is demolition proposed? ☐ yes ☐ no If yes, is building 150+ years old? ☐ yes age:_____ ☐ no

Number of New Buildings: _____

Height table:	Existing		Proposed	
	Stories	Feet	Stories	Feet
Building				
Addition/Extension				
Rooftop Appurtenances				
Accessory Structures				

Square Footage of applicable building(s) for this project by use:		
Residential		sf
Retail		sf
Office		sf
Industrial		sf
Parking Garage		sf
Other		sf
TOTAL:		sf

Number of dwelling units (if applicable):		
Studio		units
1 bedroom		units
2 bedroom		units
3 bedroom		units
4+ bedroom		units
TOTAL:		units

Number of lots before subdivision:	
Number of lots after subdivision:	

% of lot to be covered by buildings:	%
% of lot to be covered by buildings & pavement:	%
Gross floor area (GFA):	sf
Floor Area Ratio (FAR):	

11.
PARKING &
SIGNAGE

Number of parking spaces & dimensions: number: _____ / Dimensions: _____
Number of loading spaces & dimensions: number: _____ / Dimensions: _____

Number of Signs: _____
Height of monument and/or pylon signs: _____

12.
INFRA-
STRUCTURE

WATER		
Is public water being extended to the tract and/or reused? If yes, specify size and material.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size		
Material		
Does the existing water service have a curb stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there existing combined fire/domestic service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there existing domestic service only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is new water service being proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there new combined fire/domestic service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there new domestic service only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SEWER		
Is existing sewer service proposed to be reused? If yes, specify size and material.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size		
Material		
Will there be sewer curb cleanout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are minimum slope requirements satisfied as per National Standard Plumbing Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is new sewer service proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are storm drains proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any new streets or utility extensions proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MISC		
Are existing streets being widened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are utilities underground	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is site in a flood plain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is soil removal or fill proposed? If yes, specify total in cubic yards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
Are any structures being removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the application for additional buildings and/or improvements to a tract having existing buildings and/or improvements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property within 200 feet of an adjacent municipality? If yes, which?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Municipalities:		
Is the property on a County Road?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there deed restrictions, covenants, and/or easements affecting the tract? If yes, attach 2 copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any performance guarantees and/or maintenance agreements with the City Council? If yes, attach 2 copies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**13.
TYPE OF
DEVELOPMENT**

REQUIRED FOR ALL DEVELOPMENT APPLICATIONS	Total number of new residential units created	Total number of affordable housing units* created	Total number of residential units demolished
New structure containing residential units			
Conversion from a non-residential structure to a structure containing residential units			
Conversion from market rate housing units to NJ COAH defined affordable housing units			

*According to NJ COAH definitions at *N.J.A.C. 5:94 et seq.*

	Moderate Income	Low Income	Very Low Income	Age Restricted	Rental Units
Number of affordable housing units created*					

*According to NJ COAH definitions at *N.J.A.C. 5:94 et seq.*

Use Group Description (These descriptions are pursuant to NJ Council on Affordable Housing N.J.A.C. 5:94 Appendix E, and are for the sole purpose of calculating affordable housing obligation.)	Gross Floor Area of New Construction	Gross Floor Area of Demolition
B: Office buildings. Places where business transactions of all kinds occur. Includes banks, corporate offices, government offices, professional offices, car showrooms and outpatient clinics.		
M: Mercantile uses. Buildings used to display and sell products. Includes retail stores, strip malls, shops and gas stations.		
F: Factories where people make, process, or assemble products. F use group includes F1 and F2.		
S: Storage uses. Includes warehouses, <u>parking garages</u> , and lumberyards. S group includes S1 and S2.		
H: High Hazard manufacturing, processing, generation and storage uses. H group includes H1, H2, H3, H4 and H5.		
A1: Assembly uses including concert halls and TV studios.		
A2: Assembly uses including casinos, night clubs, restaurants and taverns.		
A3: Assembly uses including libraries, lecture halls, arcades, galleries, bowling alleys, funeral parlors, gymnasiums and museums, but excluding houses of worship		
A4: Assembly uses including arenas, skating rinks and pools.		
A5: Assembly uses including bleachers, grandstands, amusement park structures and stadiums		
E: Schools K – 12		
I: Institutional uses such as hospitals, nursing homes, assisted living facilities and jails. I group includes I1, I2, I3 and I4.		
R1: Hotels, motels and dormitories		
U: Miscellaneous uses. Fences, tanks, sheds, greenhouses, etc.		

14.
APPROVAL
HISTORY

List all past approvals, denials, appeals, or other activity for the subject property. ☐ Check here if none
If there are previous approvals, attach 2 copies of the approving resolution.

	CITY JOB/CASE NUMBER	APPROVED	DENIED	DATE
Subdivision		<input type="checkbox"/>	<input type="checkbox"/>	
Site Plan		<input type="checkbox"/>	<input type="checkbox"/>	
Variance(s)		<input type="checkbox"/>	<input type="checkbox"/>	
Building Permit		<input type="checkbox"/>	<input type="checkbox"/>	

15.
FEES
(see attached fee
schedule)

STAFF CALCULATIONS ONLY	
Subdivision	\$
Site Plan	\$
Variance(s)	\$
TOTAL DUE	\$
Amount Paid	\$
BALANCE DUE	\$

16.
ATTACHMENTS

Please Attach the required additional forms and information, if applicable (see attached FORMS and CHECKLISTS)

17.
CERTIFICATION

I certify that the foregoing statements and the attached materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate Applicant and that I am authorized to sign the application for the Corporation or that I am a General Partner of the Partnership Applicant. I hereby permit authorized City official to inspect my property in conjunction with this application.	
Sworn to and subscribed before me this date _____	
_____ Signature of Applicant	
_____ Property Owner Authorizing Application if other than Applicant	_____ Notary Public

18.
CONTACT

Jersey City Division of City Planning
1 Jackson Square, 2nd Floor
Jersey City NJ 07305
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