



CITY OF JERSEY CITY GENERAL DEVELOPMENT APPLICATION



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

Owner's Name		Street Address		
Phone	Fax	City	State	Zip

8.
APPLICANT'S
ATTORNEY

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

9.
PLAN
PREPARERS

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

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

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

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

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

AFFIDAVIT OF PERFORMANCE

I, _____
(Property Owner/Architect/Engineer)

hereby certify that the Site Plan submitted to the Planning Board/Zoning Board of

Adjustment [cross out inapplicable Board] for property at

_____;

Block(s) _____, Lot(s) _____

_____,

is a full and complete representation of the Site Plan and that it shall be completed as submitted.

(Property Owner/Architect/Engineer)

Sworn before me this

_____ day of _____, 20_____

Notary Public

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY ss.

COUNTY OF HUDSON

I, _____ of full age, being duly sworn
(print owner's name)

according to law on his/her oath deposes and says, that he/she resides or works at

(owner's address)

in the Town/City of Jersey City in the County
of Hudson and State of NJ is the owner
in fee of all that certain lot, piece or parcel of land situated, lying and being in the City of Jersey City
aforesaid, and known and designated as:

(property address)

Block:	Lot(s):
Block:	Lot(s):
Block:	Lot(s):
Block:	Lots(s):

and that he/she authorizes _____ to
(name of applicant)

make the annexed application in his/her behalf, and that the statements of fact contained in said
application are true.

By: _____
(signature of owner)

Sworn to before me this

_____ day of _____ 20____

Notary Public

PAYMENT OF TAXES

Every application submitted to the Planning Board or Zoning Board of Adjustment shall be accompanied by verification of tax payments or balance due for the property which is the subject of subject of such application. This verification must be obtained from the City Tax Collector.

TO: CITY TAX COLLECTOR, CITY HALL, ROOM 101

FROM:

APPLICANT _____

CONTACT STEPHEN JOSEPH, ESQ, WHEN READY FOR PICKUP BY EMAIL: SJOSEPH@CHERAMILAW.COM OR PHONE: 201.413.9000

PROPERTY IN QUESTION _____

Please provide notice that no taxes or assessments are due on the above referenced property or indicate the balance due. This request is in conjunction with my application before the Planning Board or Zoning Board of Adjustment.

There is a \$5.00 per lot fee for this request.

IMPORTANT

This form is to be forwarded to the City Tax Collector ONLY. It is not to be returned to the Board Secretary unless the property is tax exempt.

REQUEST FOR CERTIFIED LIST OF PROPERTY OWNERS

TO: LUCIEN TADURAN, TAX MAP ROOM, ROOM # B1, CITY HALL, 280 GROVE ST, JC

Attached please find my check in the amount of ten dollars (\$10) for a certified list of property owners within a two hundred foot (200') radius of (give property address).

One 200' List and two (2) sets of Labels (\$30)

Street Address _____;

Block _____ Lot(s): _____

Block _____ Lot(s): _____

Block _____ Lot(s): _____

Block _____ Lot(s): _____

This is required in conjunction with my application for a major subdivision and/or variance.

APPLICANT

ADDRESS

CONTACT STEPHEN JOSEPH, ESQ, WHEN READY FOR PICKUP BY EMAIL: SJOSEPH@CHERAMILAW.COM OR PHONE: 201.413.9000

IMPORTANT

This form is to be forwarded to the Map Room ONLY. It is not to be returned to the Board Secretary.

The **original** Certified List of Property Owners is to be submitted to the Division of City Planning with your application. Keep a copy for your use in mailing out required notice.

10% OWNERSHIP DISCLOSURE STATEMENT FORM

A corporation or partnership submitting a development application to the Jersey City Planning Board or Board of Adjustment must list the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class or at least 10% of the interest in the partnership.

Subject Property Address:	<hr/> <hr/> <hr/>	Block(s): Lot(s):	<hr/> <hr/> <hr/>
Applicant:	<hr/> <hr/> <hr/>	Owner Owner's Address:	<hr/> <hr/> <hr/>

Entity/Individual	Address	Ownership Interest (%)

Please attach additional sheet(s) if necessary.

Property Address: _____
Date Submitted: _____
Applicant No. DS18-_____
Box is for Staff Use Only



30 Montgomery Street Suite 1400
Jersey City, NJ 07302-3821
Phone: 201.547.5010
Fax: 201.547.4323

Determination of Significance Instructions

At present, the Historic Preservation Officer reviews all applications for demolition throughout the City in order to establish if the building or structure contains historic, cultural, and/or architectural significance. If a property owner, prospective buyer, or interested party wishes, they may request a Determination of Significance **prior** to filing a demolition application. **You do not need to own the property to request a Determination of Significance.** This review is conducted in compliance with Chapter 105 of the City Code entitled *Building Demolition*. There will be a \$40 fee due, payable to the City of Jersey City.

For review of the demolition request, please submit to this office the following:

1. Current color photographs of the exterior of the building, showing details if any.
(Google Streeview does not count as a photograph)
2. A photocopy of the 1938 tax assessment card: both front and back.

HPC Staff will review these requests on a first in / first out basis and provide a report to the applicant regarding the historic, cultural, and/or architectural significance of the property, as determined by the standards set forth in Chapter 105 of the City Code entitled *Building Demolition*. This process can take up to approximately 20 days for a complete review.

If HPC Staff determines that the property does not contain historic, cultural, and/or architectural significance and the applicant wishes to demolish the property, they may file a Demolition Permit Application at their convenience.

Please fill out the information below and include this sheet with the required documentation.

Property Address: _____

Block: _____ Lot: _____ Ward: _____

Name & Contact Number: _____

Email: _____