

BOROUGH OF LEONIA

PLANNING BOARD APPLICATION CHECKLIST

Dear Applicant:

The following is a check list of requirements for your application to be deemed complete in order for you to appear before the Leonia Planning Board:

- _____ ● Escrow payment of \$1300.00
- _____ ● Complete fee schedule is on the following 2 pages
- _____ ● Legal Notice
- _____ ● Denial Letter
- _____ ● Tax Certification and Proof of Ownership
- _____ ● W-9 Form
- _____ ● Disclosure Form(s)
- _____ ● Application Notice
- _____ ● Notice to Property Owners
- _____ ● Affidavit of Service of Notice
- _____ ● Site plan with key map - Signed and sealed
- _____ ● *Affidavit of Public Notice from "The Record"
- _____ ● *White Certified Mail Receipts date stamped by the Post Office
- _____ ● *Signed Green Return Receipts and unclaimed notices, before meeting date

Please submit your original completed application 20 days before the scheduled meeting date to:

Alyson Lazarus, Administrative Secretary
Leonia Planning Board
312 Broad Avenue
Leonia, NJ 07605

201-592-5780 x 253
alazarus@leonianj.gov

When your application is deemed complete you will be notified and you are required to submit 20 copies of the plan to the Planning Board.

*** Please Note: We only need 2 full copies of the application package.**

BOROUGH OF LEONIA PLANNING BOARD FEES

DEVELOPMENT APPLICATIONS:

Appeals filed pursuant to N.J.S.A. 40:55D-70a of the MLUL, each: \$100.
(Appeal of Zoning Officers decision)

Interpretations filed pursuant to N.J.S.A. 40:55D-70b of the MLUL, each: \$100.
(Interpretations of Zoning Code or Zoning Map)

Variance appeals filed pursuant to N.J.S.A. 40:55D-70c(1) or (2):
(C Variance)

Initial variance: \$250.

Each additional: \$100.

Variance appeals filed pursuant to N.J.S.A. 40:55D-70d(1), each: \$500.
(Use Variance)

Variance appeals filed pursuant to N.J.S.A. 40:55D-70d(2) or (3), each: \$350.
(2- Non-Conforming or Conditional use) (3- Deviation from a specification for a conditional use)

Variance appeals filed pursuant to N.J.S.A. 40:55D-70d(4), (5), or (6), each: \$350.
(4-Floor Area Ratio) (5- Density) (6- Height)

OTHER:

Planning Board:

Certified list of property owners: \$10.

Publication of decisions: \$50.

MINOR SUBDIVISION:

Minor subdivision: \$500.

PRELIMINARY MAJOR SUBDIVISION:

Up to one acre: \$750.

Each additional acre or fraction thereof: \$200.

Final major subdivision: \$500.

PRELIMINARY SITE PLAN:

Residential uses: \$250.

Plus per each dwelling unit: \$50.

All other uses: \$350.

Plus per 1,000 square feet of gross floor area: \$50.

FINAL SITE PLAN:

Residential uses: \$250.

Plus per each dwelling unit: \$50.

All other:

All other uses: \$350.

Plus per 1,000 square feet of gross floor area: \$50.

Amended site plan application: \$150.

APPLICATION NUMBER _____

NOTICE TO APPEAL BEFORE THE
BOROUGH OF LEONIA PLANNING BOARD
FOR A VARIANCE APPLICATION

Applicant _____

Address _____

Town _____ County _____ State _____

Description of Property Involved:

Address _____

Size of Lot _____ Present Use or Occupancy _____

Borough Assessment Map: Block _____ Lot _____

Is Property within 200 feet of Borough Line? Yes _____ No _____

If YES, give name of adjacent Municipality _____

Owned or Leased _____ Subject to Sale Agreement? Yes _____ No _____

Use of Relief Desired:

Signature of Applicant _____ Date _____

Files on behalf of Applicant: by _____, Attorney

Address _____

LEGAL NOTICE
PLANNING BOARD
BOROUGH OF LEONIA

To all interested Parties:

A public hearing will be held by the Planning Board of the Borough of Leonia, in the County of Bergen, State of New Jersey on _____ at 7:30PM in the Borough Hall Annex, 305 Beechwood Place on the application numbered _____.

The application submitted by:

Name _____

Address _____

Town _____ County _____ State _____

Which is located in _____ Zoning District.

The use of relief desired _____

The property is known on the Borough's Tax Map as:

Tax Map Sheet _____ Block _____ Lot _____

All documents relating to this application are on file in the office of the Zoning Officer and may be inspected during the normal working hours at the Leonia Borough Hall, 312 Broad Avenue, Leonia, New Jersey.

Date

Signature of Applicant

**NOTICE TO PROPERTY OWNERS
REFERENCE NOTICE OF APPEAL
BEFORE THE PLANNING BOARD
BOROUGH OF LEONIA**

In accordance with the requirements of the Borough of Leonia Zoning Ordinance and Section 40:55D-1 et seq. Of the Revised Statutes of the State of New Jersey, you are hereby notified that a Notice of Appeal has been filed by the undersigned with the Zoning Officer of the Planning Board, and it is available for examination in the Zoning Office.

A public hearing will be held conducted before the Planning Board in connection with this appeal in the Borough Hall Annex, 305 Beechwood Place, at 7:30 PM on the _____ day of _____, 20_____.

The application submitted by:

Name _____

Address _____

Town _____ County _____ State _____

Which is located in _____ Zoning District.

The use of relief desired _____

The property is known on the Borough's Tax Map as:

Tax Map Sheet _____ Block _____ Lot _____

All documents relating to this application are on file in the office of the Zoning Officer and may be inspected during the normal working hours at the Leonia Borough Hall, 312 Broad Avenue, Leonia, New Jersey.

Date

Signature of Applicant

Borough of Leonia

200 Ft List Request

For Planning/Zoning Board

\$10 Fee Required

Property Owner Name _____

Contact Number _____ Block _____ Lot _____

Property Address _____

I am presenting an application to the Planning Board of Leonia and request:

- 1) Tax Certification (to confirm property taxes, etc are paid up to date)
- 2) 200 Ft List necessary for notification of application

I understand that if the application is not deemed complete and placed on the agenda within 3 months, a new tax certification and 200 ft list will be required. This is to maintain up to date information in the application, as well as an accurate notice to surrounding neighbors and properties. I will re-submit this request form, should that become necessary. _____ (*initial*)

{ } I am representing myself { } I am represented by an attorney (*info below*)

Attorney Name _____

Attorney Address _____

Attorney Phone # _____

Applicant's Signature _____ Date _____

200 Ft Lists requests MUST be submitted at least 7 business days before they are needed!!

(Official Use Only)

Date Request Filled _____ By _____ Form of Payment _____

BOROUGH OF LEONIA
PLANNING BOARD
TAX CERTIFICATION

NAME _____

ADDRESS _____

BLOCK _____ LOT _____

CERTIFIED THIS _____ DAY OF _____, 20

DATE TAXES WERE PAID _____

TAX OFFICIAL

PLEASE BRING THIS FORM TO THE TAX CLERK FOR CERTIFICATION AND
PRESENT TO THE BOARD THE NIGHT OF THE MEETING.

TAX

BOROUGH OF LEONIA

Application Addendum

Campaign Disclosure Form As required By Leonia Ordinance 02-04

Applicant Name: _____

Applicant Address : _____

List all reportable campaign contributions made pursuant to NJSA 19:44-1 et seq. in the last twelve (12) months on behalf of or to any candidate for public office, candidate committee, joint candidates committee, political committee, continuing political committee or political party committee in or pertaining to the Borough of Leonia.

Contribution	Date of Contribution	Amount

I certify that the foregoing statements are true: _____

Signature

_____ Date

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

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; check only one of the following seven boxes:

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**IN THE MATTER OF THE APPEAL
OF**

**AFFIDAVIT OF SERVICE
OF NOTICE**

to the

PLANNING BOARD THE BOROUGH OF LEONIA

.....

County of Bergen

ss:

State of New Jersey

_____, being duly sworn, disposes and says that she/he is over the age of
twenty-one (21) years and that she/he resides at _____,
in the city of _____ and that on the _____ day of _____, 20____,
she/he served the annexed Notice of Hearing in the above entitled manner on:

- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____
- _____ at _____

**By delivering to, and leaving with each of said properties personally, on said date, within
the Borough of Leonia, a true copy thereof.**

NAME AND ADDRESS OF ALL PROPERTY OWNERS
WITHIN 200 FEET OF PROPOSED SITE:

APPLICANT:

ADDRESS:

Please attach a copy of the property list from the Borough to this sheet.