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**MOUNT OLIVE TOWNSHIP  
PLANNING BOARD  
VARIANCE APPLICATION INSTRUCTIONS**

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The completed application package, together with applicable forms and required fees, must be submitted to the Board Secretary in order for your case to be scheduled.

A complete application shall include:

1. General Information – Page 1 & 2
2. Request for Variance – Pages 3 - 5
3. Affidavit – Page 6: This form must be signed by the owner of the property and the applicant. No other person may make application to the Planning Board, except the owner or person under contract to purchase the premises without a legal Power of Attorney.
4. Certificate of Paid Taxes – Page 7: Fill in the top portion and submit to the Tax Collector's office for verification of payment of taxes.
5. Certificate of Corporate Ownership – Page 8: If the applicant represents a corporation or partnership, this form must be completed and submitted with the application package.
6. W-9 Form – Last page (Require Birth Date and Social Security Number)

The applicant is required to submit the original plus 3 copies of the completed application and fifteen (15) sets of plans to the Board Secretary along with two (2) checks made payable to "Mount Olive Township". (See attached fee schedule) One check is a Township application fee. The second will be deposited in an escrow account to cover any engineering, planning, legal and other expenses associated with review of submitted materials. Any money remaining in the escrow account after the application has been acted upon will be returned to the applicant.

**After application has been deemed complete and given an application number the following is required of the applicant:**

1. Applicant must obtain from the Tax Assessor's office a list of all adjoining property owners, current within 60 days, within 200 feet of the subject property.
2. **Notice of hearing** – At least **ten days prior** to the public meeting, the applicant is required by law to service written notice on the owners listed on the tax list and place same notice in the official newspaper, **The Daily Record, 800 Jefferson Road, Parsippany, NJ 07054 Phone 1-800-398-8993 prompt #6**. Complete and copy enclosed form (see page 9). Original should be retained and given to Board Secretary. Notice must be served by certified mail return receipt requested, personal delivery by obtaining property owners full signature and date on the original tax list.

3. After notifying all adjoining property owners, and publication of legal notice, applicant must complete the Affidavit of Service. It should be notarized and filed with the Board Secretary as proof of service.
4. After completion of above, the following items should be submitted to the Board Secretary prior to the meeting date to prove notice has been served properly:

Original Notice to Adjoining Property Owners, completed and signed  
 Original Affidavit of Service, signed and notarized  
 Original list received from Tax Assessor of property owners within 200 feet  
 All white (certified mail slips)  
 Any green cards received back  
 Verification from newspaper of publication of notice

**Please note, that failure to fulfill any of the above requirements will result in application not being heard.**

Please contact the Board Secretary (973) 691-0900 Ext. 7310 with any questions you may have.

**MOUNT OLIVE TOWNSHIP FEE SCHEDULE  
 AS PER SECTION 400-18 OF THE LAND USE ORDINANCE**

<b>“C” VARIANCE</b>	<b>APPLICATION FEE</b>	<b>ESCROW FEE</b>
RESIDENTIAL	\$100.00 per lot	Minimum of \$500.00 per lot
NON RESIDENTIAL	\$250.00 per lot	Minimum of \$750.00 per lot
<b>“D” VARIANCE</b>		
RESIDENTIAL	\$250.00 per lot	Minimum of \$1,500.00 per lot
NON RESIDENTIAL	\$500.00 per lot	Minimum of \$2,000.00 per lot

**MOUNT OLIVE TOWNSHIP  
PLANNING BOARD  
VARIANCE APPLICATION**

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APPLICANT:                   NAME \_\_\_\_\_  
                                  ADDRESS \_\_\_\_\_  
                                  TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                  Email address: \_\_\_\_\_

OWNER:                       NAME \_\_\_\_\_  
                                  ADDRESS \_\_\_\_\_  
                                  TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                  Email address: \_\_\_\_\_

ENGINEER/SURVEYOR:   NAME \_\_\_\_\_  
                                  ADDRESS \_\_\_\_\_  
                                  TELEPHONE \_\_\_\_\_ FAX# \_\_\_\_\_  
                                  Email address: \_\_\_\_\_

ATTORNEY:                   NAME \_\_\_\_\_  
                                  ADDRESS \_\_\_\_\_  
                                  TELEPHONE \_\_\_\_\_ FAX # \_\_\_\_\_  
                                  Email address: \_\_\_\_\_

RELATIONSHIP OF THE APPLICANT TO THE PROPERTY IS:  
OWNER \_\_\_\_\_ PURCHASER UNDER CONTRACT \_\_\_\_\_

LOCATION OF PREMISES:  
STREET \_\_\_\_\_  
BLOCK \_\_\_\_\_ LOT(S) \_\_\_\_\_

- ZONE:
- |                                |                                |                                |                               |                               |                              |                                |
|--------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> RR-AA | <input type="checkbox"/> R-3   | <input type="checkbox"/> R-5ML | <input type="checkbox"/> L    | <input type="checkbox"/> C-1  | <input type="checkbox"/> L-I | <input type="checkbox"/> FTZ-1 |
| <input type="checkbox"/> RR-A  | <input type="checkbox"/> R-3SC | <input type="checkbox"/> R-6   | <input type="checkbox"/> P    | <input type="checkbox"/> C-2  | <input type="checkbox"/> G-I | <input type="checkbox"/> FTZ-2 |
| <input type="checkbox"/> R-1   | <input type="checkbox"/> R-4   | <input type="checkbox"/> R-7   | <input type="checkbox"/> PB   | <input type="checkbox"/> CR-3 | <input type="checkbox"/> O-R | <input type="checkbox"/> FTZ-3 |
| <input type="checkbox"/> R-2   | <input type="checkbox"/> R-5   | <input type="checkbox"/> AR    | <input type="checkbox"/> PC-2 | <input type="checkbox"/> C-LI | <input type="checkbox"/> M   | <input type="checkbox"/> FTZ-4 |

HOW LONG HAS PRESENT OWNER HAD TITLE TO PROPERTY? \_\_\_\_\_  
HAS THE APPLICANT EVER OWNED OR PRESENTLY OWN PROPERTY CONTIGUOUS TO  
THE SUBJECT PROPERTY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES: BLOCK \_\_\_\_\_ LOT \_\_\_\_\_  
DATE CONVEYED: \_\_\_\_\_

HAS THERE BEEN ANY PREVIOUS APPEALS, REQUEST, OR APPLICATIONS INVOLVING THIS PROPERTY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, STATE CASE NUMBER, NATURE, DATE, AND DISPOSITION OF MATTER:

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ARE THERE ANY EASEMENTS/DEED RESTRICTIONS AFFECTING THIS PROPERTY?  
\_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE DESCRIBE:

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**REQUEST FOR VARIANCE**

APPLICATION IS HEREBY MADE FOR PERMISSION TO (ERECT), (ALTER), (CONVERT), (USE) A \_\_\_\_\_ CONTRARY TO REQUIREMENTS OF SECTION \_\_\_\_\_ OF THE LAND USE ORDINANCE:

IDENTIFY VARIANCES REQUESTED: \_\_\_\_\_

DESCRIPTION OF PROPOSED IMPROVEMENT: \_\_\_\_\_

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DOES PARCEL ADJOIN STATE/COUNTY ROAD? \_\_\_\_\_

ARE PUBLIC WATER FACILITIES AVAILABLE TO THIS PROPERTY? \_\_\_\_\_

ARE PUBLIC SEWERAGE FACILITIES AVAILABLE TO THIS PROPERTY? \_\_\_\_\_

PRESENT USE (DESCRIBE IN DETAIL WITH REFERENCE TO EACH PROPERTY & STRUCTURE)

AREA OF LOT/PARCEL IN SQUARE FEET: \_\_\_\_\_

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JUSTIFICATION FOR VARIANCE

DESCRIBE WHY THE PROPOSED IMPROVEMENT CANNOT CONFORM TO SETBACK AND/OR HEIGHT REQUIREMENTS OF THE ZONE DISTRICT. ARE THERE PHYSICAL CONDITIONS ON YOU PROPERTY WHICH PREVENT COMPLIANCE WITH THE ZONE DISTRICT REGULATIONS?

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EXPLAIN IN DETAIL WHY THE VARIANCE 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.

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**SITE CHECK LIST**

**THE APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH REGARD TO APPLICATIONS FOR DECK, SHED, OR FENCE:**

- 1. CURRENT SURVEY OF PROPERTY SHOWING LOCATION OF SEPTIC AND WELL; LOCATION OF EXISTING & PROPOSED BUILDINGS, DIMENSIONS OF PROPOSED STRUCTURES (HEIGHT, WIDTH AND DEPTH – PLANS DRAWN TO SCALE IF AVAILABLE).**
- 2. PHOTOGRAPH OR PHOTOGRAPHS OF EXISTING PROPERTY.**

**APPLICATIONS FOR ADDITIONS TO PRINCIPAL STRUCTURE MUST SUBMIT:**

- 1. SURVEY PREPARED BY LICENSED SURVEYOR, SIGNED AND SEALED, INDICATING PROPOSED IMPROVEMENT AS WELL AS SETBACK FROM LOT LINE.**
- 2. ARCHITECTURAL INFORMATION AS INDICATED ON ATTACHED CHECKLIST.**

**AFFIDAVIT**

I certify that the foregoing statements and the 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. (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2015

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF OWNER

I certify that I am the owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the presentations made and the decision in the same manner as if I were the applicant. (If the owner is a corporation this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2015

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF OWNER

I understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Township of Mount Olive, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF OWNER

**TOWNSHIP OF MOUNT OLIVE PLANNING BOARD**  
**CERTIFICATE OF PAID TAXES**

OWNER: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE & LOCATION OF PROPERTY: \_\_\_\_\_

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_ # of Lots \_\_\_\_\_

Tax Sheet # \_\_\_\_\_

Description of Subdivision:

Minor - # of Lots \_\_\_\_\_

Sketch - # of Lots \_\_\_\_\_

Prel. - # of Lots \_\_\_\_\_

Final - # of Lots \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

**TAXES OF RECORD 2015**

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FIRST QUARTER \_\_\_\_\_

SECOND QUARTER \_\_\_\_\_

THIRD QUARTER \_\_\_\_\_

FOURTH QUARTER \_\_\_\_\_

THE TAX COLLECTOR OF MOUNT OLIVE TOWNSHIP \_\_\_\_\_

CERTIFIES THAT THE ABOVE TAXES ARE PAID TO DATE.

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DATE: \_\_\_\_\_



**TOWNSHIP OF MOUNT OLIVE  
PLANNING BOARD**

**APPLICATION #PB\_\_\_\_\_**

Notice to property owners and newspaper of appeal and/or application please take notice that the undersigned has filed an appeal or application for development with the Township of Mount Olive Planning Board for a \_\_\_\_\_ variance from the requirements of the Land Use Ordinance so as to permit \_\_\_\_\_ on premises known as \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ on the tax map of the Township of Mount Olive. In addition to the above approvals, applicant requests that the application be deemed amended to include any additional approvals, variances, exceptions or waivers determined to be necessary in the review of processing this application, whether requested by the Board or otherwise. A public hearing has been scheduled for \_\_\_\_\_ 2015, at 7:00 p.m. in the municipal building, 204 Flanders-Drakestown Road, Budd Lake, New Jersey at which time you may appear, either in person or by attorney, and present any objections or comments you may have regarding this matter. Any maps or documents for which approval is sought shall be on file and available for public inspection in the offices of the Planning Department between the hours of 8:30 a.m. to 4:30 p.m. This notice is sent to you by the applicant, by order of the Planning Board.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
APPLICANT

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**FOR NEWSPAPER INFORMATION ONLY**

APPLICANT INFORMATION: (Please Print Clearly)	NAME _____ ADDRESS _____ _____ Zip Code _____ (ADDRESS WHERE AFFIDAVIT SHOULD BE MAILED) TELEPHONE # _____
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(IN CASE OF QUESTIONS REGARDING THIS AD)

**Public Notices for The Daily Record email: [drlegals@gannett.com](mailto:drlegals@gannett.com)  
Phone: 1-800-398-8993**

# AFFIDAVIT OF SERVICE

State of New Jersey:

County of \_\_\_\_\_:

\_\_\_\_\_ 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 \_\_\_\_\_, 2015 at least ten (10) days prior to hearing date, give personal notice to all property owners within 200 feet of the property affected located on \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_. Said notice was given either by handing a copy to the property owner, or by sending said notice by certified mail. Originals of registered receipts, both white and green, if returned are attached hereto.

Notices were also served upon: (check if applicable)

- 1. The Clerk of Township of Mount Olive
- 2. Morris County Planning Board
- 4. The Department of Transportation
- 5. Morristown Daily Record

In addition, attached hereto are:

- 1. Copy of said notice
- 2. 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.
- 3. Proof of publication of notice in the official newspaper of Mount Olive.

\_\_\_\_\_  
(Signature of Applicant)

Sworn and subscribed to  
Before me this \_\_\_\_\_  
Day of \_\_\_\_\_ 2015

\_\_\_\_\_  
(A Notary Public of the State of New Jersey)

**MOUNT OLIVE TOWNSHIP  
VARIANCE APPLICATION CHECKLIST**

<b>PLAN DETAILS</b>	<b>CHECK IF SUBMITTED</b>
METES & BOUNDS (AS PER SURVEY)	
TITLE BLOCK CONTAINING: NAME OF APPLICANT PREPARER OF PLANS DATE PREPARED BLOCK & LOT ZONING DISTRICT	
SCALE OF MAP	
NORTH ARROW	
LOCATION OF EXISTING & PROPOSED STRUCTURE AND SETBACKS FROM PROPERTY LINE	
HEIGHT OF EXISTING & PROPOSED STRUCTURE	
LOCATION OF WELL & SEPTIC SYSTEM	
ARCHITECTURAL DESIGN PREPARED BY A LICENSED ARCHITECT IN STATE OF NEW JERSEY	
LANDSCAPING PLAN	
PROPOSED SIGHT TRIANGLE EASEMENTS	
LOCATION & TYPE OF ANY EXISTING EASEMENTS OR RIGHTS OF WAY	
DEPICT EXISTING VS. PROPOSED INTERIOR LAYOUT	
CONTOURS TO DETERMINE THE NATURAL DRAINAGE	
DRIVEWAY DESIGN	
PHOTOGRAPHS OF PROPERTY	