

NOTICE TO ALL APPLICANTS

PLEASE BE ADVISED THAT ANY FEES INCURRED BY THE APPLICANT FROM THE BOROUGH PROFESSIONALS (I.E., SOLICITOR, ENGINEER, PLANNER) IN ADDITION TO ANY AND ALL PUBLISHING, WILL BE AT THE EXPENSE OF THE APPLICANT.

THAT IS, ANY WORK DONE BY THESE PROFESSIONALS SUCH AS REVIEWING THE APPLICATION, PREPARING LETTERS, PREPARING RESOLUTIONS, ETC., THE APPLICANT WILL BE REQUIRED TO PAY FOR THESE SERVICES.

UNIFIED DEVELOPMENT APPLICATION

**COMBINED PLANNING/ZONING BOARD
OF ADJUSTMENT
BOROUGH OF CLAYTON
125 NORTH DELSEA DRIVE
CLAYTON, NJ 08312**

**Effective January 1, 2005
Edited 2008**

**INSTRUCTIONS FOR APPLICANTS FILING APPLICATIONS BEFORE THE
BOROUGH OF CLAYTON COMBINED PLANNING/ZONING BOARD OF
ADJUSTMENT (THE "BOARD")**

The purpose of these instructions is to assist an Applicant who wishes to file an application before the Board. Zoning and Land Use Law is very complicated. The requirements and mandates of state law and the Borough of Clayton zone code/development ordinance must be followed. Because of this, the Board is often limited in what it can-cannot-do in granting the relief that you request. Therefore, it is always recommended that an Applicant consult with an attorney who is experienced in zoning and land use law. (You are not *required* to be represented by an attorney unless you are a corporation or a partnership, and then you must be represented by counsel. In addition, any attorney representing you must be licensed in the state of New Jersey).

THE APPLICATION. Take your time and read over the application carefully. Print all information neatly (except where your signature is required). Note that some sections require that all requested information must be completed. Required information that is missing will only delay the processing of your application and the setting of a hearing date. Some of the requested information must be obtained from different Borough offices. It is recommended that you first fill out the application with all of the information that you know and have available, and leave unanswered those requests for information that you either do not know or are unsure about. When you have completed filling out the application, bring it in to the Office of the Borough Secretary, and he/she will assist you in finalizing the missing information. After your application has been completely filled out, then sign it in front of a Notary Public where required.

A completed and properly signed application, including All of the attached Forms #1-6 And a Certified list of property owners within 200 feet must be turned into the Office of the Board Secretary. **DO NOT NOTIFY ANY PROPERTY OWNERS WITHIN 200 FEET, OR PUBLISH IN THE NEWSPAPER A NOTICE OF THE HEARING ON YOUR APPLICATION, UNTIL AFTER THE BOARD SECRETARY HAS DEEMED YOUR APPLICATION COMPLETE AND PROVIDE YOU WITH A HEARING DATE.** A failure to follow these instructions could result in a delay or a denial of your application. A list of Fees and Escrow deposit amounts is in the Office of the Board Secretary and at the end of this application under Exhibit "A".



**COMBINED PLANNING/ZONING BOARD OF ADJUSTMENT
BOROUGH OF CLAYTON
125 NORTH DELSEA DRIVE
CLAYTON, NEW JERSEY 08312**

1. SUBJECT PROPERTY

Location: _____

Tax Map: Block _____ Lot(s) _____

Dimensions: Frontage _____ Depth _____ Total Area _____

Zone District: _____

Location of the property is approximately _____ feet from the intersection of _____
and _____

The property is located within 200 feet of another municipality: _____ NO. _____ YES
____ ELK TWP. ____ FRANKLIN TWP. ____ GLASSBORO ____ MONROE

The property fronts on a county road or state highway: _____ NO. _____ YES
COUNTY ROUTE NO. _____ STATE HIGHWAY NO. _____

2. APPLICANT INFORMATION

Full Legal Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Numbers: DAY _____ EVENING _____

Applicant is a: ____ Corporation ____ Partnership ____ Sole Proprietor ____ Resident

3. DISCLOSURE STATEMENT

Pursuant to N.J.S. 40:55D-48.1, the names and addresses of all persons owning 10% of the interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until

the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to fully comply).

Name: _____ Interest _____ %

Address: _____

4. OWNER IF DIFFERENT FROM APPLICANT

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: DAY: _____ EVENING: _____

5. ADDITIONAL PROPERTY INFORMATION

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

YES (attach copies and/or copy of deed) PROPOSED (attach description) NONE

NOTE: All Deeds Restrictions, covenants, easements, association by-laws, either existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be approved.

Present use of the premises and proposed use (describe in detail): _____

6. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: _____

(Name, and Firm if Applicable)

Address: _____

(Street) (City) (State) (Zip Code)

Telephone: _____ Fax Number: _____

Applicant Engineer: _____

(Name, and Firm if Applicable)

Address: _____

(Street) (City) (State) (Zip Code)

Telephone: _____ Fax Number: _____

Applicant Planning Consultant: _____

Address: _____ (Name, and Firm if Applicable)

(Street) (City) (State) (Zip Code)
Telephone: _____ Fax Number: _____

Applicant Traffic Engineer: _____
(Name, and Firm if Applicable)
Address: _____

(Street) (City) (State) (Zip Code)
Telephone: _____ Fax Number: _____

7. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant.

Name: _____ Field of Expertise _____
Address: _____

(Street) (City) (State) (Zip Code)
Telephone: _____ Fax Number: _____

8. RELIEF BEING REQUESTED

SUBDIVISION APPROVAL

Minor Subdivision

Major Subdivision- Preliminary

Major Subdivision – Final

_____ Number of Lots to be Created

_____ Number of Proposed Dwelling Units

Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Clayton Borough Unified Development Ordinance.

SITE PLAN APPROVAL

Major Site Plan Approval

Minor Site Plan Approval

Preliminary Site Plan Approval (phases- if applicable) _____

Final Site Plan Approval (phases- if applicable) _____

Amendment or Revision to an Approval Site Plan (Area to be disturbed – square feet)

Request for a Waiver from Site Plan Review and Approval. Reason for Request: _____

OTHER

 Informal Review Of _____

 Appeal of Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.). Describe nature of appeal: _____

 Interpretation of Map or Ordinance, or Decisions Upon Special Questions (N.J.S.A. 40:55D-70.b.). Explain: _____

 Variance Relief-Hardship (N.J.S.A. 40:55D-70c(1)) Provide Reasons: _____

 Variance Relief- Substantial Benefit (N.J.S.A. 40:55D-70c(2)) Provide Reasons: _____

 Variance Relief- Use (N.J.S.A. 40:55D-70cd) Provide Reasons: _____

 Conditional Use Approval. **Site applicable section of Unified Development Ordinance:** _____

 Direct issuance of a permit for a structure in the bed of a mapped street, public drainage way, or flood control basin (N.J.S.A. 40:55D-34). Describe: _____

 Direct issuance of a permit for a lot lacking street frontage (N.J.S.A. 40:55D-35,-36):
 Block _____ Lot _____. Reason for request: _____

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>REQUIRED</u>
Minimum lot area:*	_____	_____	_____
Building coverage limit:*	_____	_____	_____
Front yard setback:*	_____	_____	_____
Side yard setback:*	_____	_____	_____
Rear yard setback:*	_____	_____	_____
Roadway frontage:	_____	_____	_____
Impervious coverage limit:	_____	_____	_____
Parking spaces:*	_____	_____	_____
Building height:*	_____	_____	_____

*** DENOTES ITEAMS REQUIRED ON THE SITE PLAN.**

9. SUBMISSION REQUIREMENTS

The Applicant is Required to submit each of the following, unless otherwise noted:

- A. **Application** An Original and Fourteen (14) Copies to the Board Secretary (Total 15) must be submitted. (with attached site plan, plot plan, survey and/or any other pertinent documents)
- B. **Certified List of Property Owners Within 200 Feet (Form #6):** Obtain from Tax Collector's Office and submit with original copy of application. *(Not required for minor subdivision where No Variances are requested)*
- C. **Escrow Agreement (Form #1):** Sign and submit with original copy of application.
- D. **Notice of Public Hearing (Form #2) DO NOT MAIL TO PROPERTY OWNERS UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY.** Submit a draft copy (leaving date of hearing blank) and submit with original application. *(Not required for minor subdivision Where No Variances are requested)*
- E. **Affidavit of Publication- Gloucester County Times: Evidencing that the Notice of Public Hearing(Form #3) was Published at Least Ten(10) days prior to the Hearing Date. (DO NOT PUBLISH NOTICE IN NEWSPAPER UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY)** Submit to the Board's Secretary as soon as received by the newspaper. *(Not required for minor subdivision where No Variances are requested)*
- F. **Affidavit of Service- With Attachments (Form #4).** Submit to the Board's Secretary along with Original copies of Certified Mail Receipts stamped by the U.S. Post Office as to the date of mailing, and a copy of Notice of Public Hearing (Form #2) with hearing date. *(Not required for minor subdivision where No Variances are requested)*
- G. **Tax Payment Certification (Form #5).** Submit with Original copy of application.

10. OTHER APPROVALS, WHICH MAY BE REQUIRED, AND THE DATES THAT PLANS/APPLICATIONS WERE SUBMITTED:

<u>AGENCY OR PERMIT</u>	<u>YES</u>	<u>NO</u>	<u>DATE PLANS SUBMITTED</u>
Gloucester County Health Dept	_____	_____	_____
Gloucester Co. Planning Board	_____	_____	_____
Gloucester Co. Soil Conservation District	_____	_____	_____
NJ Dept. of Transportation	_____	_____	_____
Conectiv Electric	_____	_____	_____
Other: _____	_____	_____	_____
*NJ Dept. of Environmental Protection	_____	_____	_____

*Check nature of approval(s) needed on the next page:

Sewer Extension Permit; Sanitary Sewer Connection Permit; Potable Water Construction Permit;
 Stream Encroachment Permit Wetlands Permit; Tidal Wetlands Permit; Other: _____
 List of Maps, Reports and other materials accompanying this application(attach additional pages as required for complete listing): _____

11. OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION. (List the specific information attached and its importance/significance to your application): _____

12. CERTIFICATIONS

APPLICANT

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 Application must be signed by an authorized corporate officer as indicated in a resolution of the corporation which must be attached hereto. If the applicant is a partnership, this must be signed by a general partner).**

Sworn to and subscribed before me this _____ day of _____, 20__

NOTARY PUBLIC

X _____
SIGNATURE OF APPLICANT

Applicant's Name (Print)

OWNER (IF DIFFERENT FROM APPLICANT)

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 representations made by the applicant, and the decision of the Board in this matter. **(If the owner is a corporation, this must be signed by an authorized corporate officer as indicated in the corporate resolution which must be attached hereto. If the owner is a partnership, this must be signed by a general partner).**

Sworn to and subscribed before me this _____ day of _____, 20__

NOTARY PUBLIC

X _____
SIGNATURE OF OWNER

Owner's Name (Print)

ESCROW AGREEMENT

THIS AGREEMENT (the "Agreement") is entered into this _____ day of _____ 20__ by and between the COMBINED PLANNING/ZONING BOARD OF THE BOROUGH OF CLAYTON (the "board"), the BOROUGH OF CLAYTON (the "Borough") and _____ (the "Applicant").

1. **PURPOSE.** The board authorizes its professional staff to review, inspect, report to the Board, and study all plans, documents, statements, improvements and provisions submitted by, or made by, the Applicant to the Board or pursuant to relief granted to the Applicant by the Board. The Board is entitled to reimbursement from an Applicant for all reasonable costs/fees incurred by Applicants in accordance with N.J.S.A. 40:55D-8, and N.J.S.A. 40:55D-53 et seq. Of the New Jersey Municipal Land Use Law ("MLUL").
2. **ESCROW ESTABLISHED.** The Board, Borough and Applicant, in accordance with the provisions of this Agreement, hereby create an escrow deposit account to be established with the designated financial office of the Borough of Clayton.
3. **ESCROW FUNDED.** The Applicant, by execution of this Agreement, shall pay to the Borough to be deposited in the depository referred to in paragraph 2 immediately above, such sums as required by the applicable Borough Ordinances governing the same.
4. **INCREASE IN ESCROW AMOUNT DEPOSITED.** If, during the existence of this escrow Agreement, the funds deposited into said escrow account are insufficient to cover any voucher or bill submitted by the Board's professional staff, Applicant shall, within fourteen (14) days of receipt of a notice from the Board or the Borough that a deficiency in the Applicant's escrow exists, provide such funding as required to fund the existing deficit as well as to pay for projected costs and fees associated with ongoing professional reviews, inspections, etc., pursuant to applicable Borough ordinances governing the same, as well as the MLUL (specifically, N.J.S.A. 40:55D-53.1 and 53.2). Interest earned on such escrow deposits, if the amount of such interest exceeds \$ 100.00, shall, if any, be paid to the Applicant in accordance with section 53.1 of the MLUL.
5. **DISPUTES AND APPEALS.** Should any disputes arise by and between the Applicant and the Borough and/or the Board with respect to either the funding of, or payment from, the escrow deposit account established herein, then the settlement of any and all disputes, including any appeals from any decisions made by the Borough and/or the Board regarding such escrow deposit accounts, shall be made as called for by the applicable ordinance of the Borough of Clayton and the provisions of the MLUL, specifically N.J.S.A. 40:55D-53.2.a.
6. **COLLECTION OF DELINQUENT ESCROW BALANCES.** Should the Applicant fail to adequately and on a timely basis fund its escrow deposit account so that the payment of all necessary and reasonable fees of the Board's

professionals can be made in accordance with law, then the Borough and/or the Board shall be entitled to pursue all remedies available at either law or in equity, including but not limited to all amounts due, reasonable attorney's fees incurred in the collection of such amounts due, and simple interest at a rate of 18% per annum on all sums unpaid, beginning from 30 days after the Applicant received notice of such deficiencies, if permitted by law. The Borough and/or the Board shall be permitted to place a lien against any and all properties within the Borough owned by the Applicant until such time as all sums due and owed have been paid. The Borough shall also have the right to withhold and/or suspend any building permits, the conduct of construction inspections, the issuance of certificates of occupancy, and other actions, unless and until all escrow deficiencies have been satisfied by the Applicant.

Date: _____

X _____
SIGNATURE OF APPLICANT

Sworn and Subscribed Before me this
____ Day of _____, 20____.

Name of Applicant- Print

NOTARY PUBLIC

Date: _____

BOROUGH OF CLAYTON

Date: _____

BOROUGH OF CLAYTON
COMBINED PLANNING/ZONING
BOARD OF ADJUSTMENT

ESCROW AGREEMENT PAGE 2

FORM # 2- NOTICE SERVED ON PROPERTY OWNERS WITHIN 200 FEET OF SUBJECT PROPERTY:

**BOROUGH OF CLAYTON, COUNTY OF GLOUCESTER
STATE OF NEW JERSEY
NOTICE OF PUBLIC HEARING**

TO: _____ OWNER OF PREMISES LOCATED AT:
(Name)

(Street Address) (City) (State) (Zip Code)

also known as Block _____ Lot _____ in the Borough/Township of: _____

PLEASE TAKE NOTICE, that the undersigned has filed an application with the Combined Planning/Zoning Board of Adjustment of the Borough of Clayton (the "Board") for the following appeal or form of relief: _____

on the premises at _____ in the Borough of Clayton, also
(Street Address)

known as Block _____ Lot _____ on the tax maps of the Borough. This notice is being sent to you because you are a property owner within 200 feet of the property that is the subject of this application. A public hearing has been set for this application on _____, 20__, at 7:30PM in the Clayton Borough Municipal Building, 125 North Delsea Drive, Clayton, New Jersey 08312 (856) 881-2882. You may appear either in person, or by agent, or by attorney, and present any objections to the granting of the relief being sought. Copies of the application and all documents, maps or other papers filed in connection with this application are on file in the Office of the Board Secretary in the Borough's Municipal Building and are available for inspection during the Borough's regular business hours, or by appointment:

**BY ORDER OF THE CLAYTON BOROUGH COMBINED
PLANNING/ZONING BOARD OF ADJUSTMENT**

(Name of Applicant)

**FORM # 3- NOTICE TO BE PUBLISHED IN THE OFFICIAL NEWSPAPER OF
THE BOROUGH OF CLAYTON**

**NOTE: Publication of this notice must appear at least ten (10) days prior to the
schedule hearing date.**

**NOTICE OF PUBLIC HEARING
Clayton Borough Combined Planning/Zoning Board of Adjustment**

TAKE NOTICE that on the _____ day of _____, 20____, at 7:30.PM, a hearing
will be held before the Combined Planning/Zoning Board of Adjustment of the Borough
of Clayton (the "Board") in the Borough's Municipal Building, 125 North Delsea Drive,
Clayton, N.J. 08312 (856-881-2882) on the appeal or application of the undersigned for
the following form of relief: _____

regarding premises known as _____ in the
Borough of Clayton, also known as Block _____ Lot _____ on the
tax maps of the Borough. This application, along with all maps, papers and supporting
documents filed with the application, are on file in the Office of the Board Secretary in
the Borough Municipal Building and are available for public inspection during the
Borough's regular business hours, or by appointment. Any interested party may appear at
the hearing in this matter and participate therein, either in person, by attorney, in
accordance with the Rules and Regulations of the Board.

**By Order of the Clayton Borough Combined
Planning/Zoning Board of Adjustment**

(Applicant- Print Name)

FORM # 4

AFFIDAVIT OF SERVICE

State of New Jersey :
: S
County of _____ :

_____, being of full age and duly sworn according to law,
on his/her oath deposes and says that he/she resides at _____ in the
(Street Address)

(City) (County) (State)

and that he/she did on _____, 20 ____, at least ten(10) days prior to
the hearing date scheduled before the Combined Planning/Zoning Board of Adjustment
of the Borough of Clayton set for _____, 20 ____, give personal notice to all
property owners within 200 Feet of subject property of the application known as

_____, and being further known as Block _____ Lot _____
(Street Address)

on the Tax Maps of the Borough of Clayton. Said notice was given by either:

___ personally handing a copy to the property owners; or ___ by sending said notice by
certified mail, return receipt requested. Notices were also served upon: ___ the Clerk of the
Borough of Clayton, ___ the Gloucester County Planning Board; ___ the Director of the
Division of State and Regional Planning; ___ the N.J. Department of Transportation; ___ the
Clerk of the following adjoining Municipality(ies): _____;

___ Comcast Cable Company; ___ Gloucester County Utilities Authority (GCUA);

___ Conectiv Electric Company; ___ Verizon Communications; ___ South Jersey Gas Co.

___ Other: _____

A copy of the **NOTICE OF PUBLIC HEARING** is attached hereto, along with the **CERTIFIED LIST OF PROPERTY OWNERS** within 200 feet of the subject property provided to me by the Clayton Borough Tax Collector's Office (and the Tax Assessor's Office of any adjacent municipality if the subject property is within 200 feet of another municipality). If notice was given by certified mail, return receipt requested, all original **CERTIFIED MAIL RECEIPTS** are also attached hereto.

(Signature of Applicant)

(Name of Applicant-Print)

sworn and subscribed to before me
this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIDAVIT OF SERVICE PAGE 2

FORM # 5

TAX PAYMENT CERTIFICATION

Pursuant to the New Jersey State Law, Chapter 174 of 1987, N.J.S.A. 40:55D-39e and N.J.S. 40:55D-65h, an applicant may be required to furnish proof that no taxes or assessments for local improvements are due or delinquent on the property for which any relief is being sought through the Combined Planning/Zoning Board of Adjustment of the Borough of Clayton (the "Board"). An applicant must complete **Section I** of this form and request the Clayton Borough Tax Office to complete **Section II**, which verifies that no taxes or assessments are due. When completed, the applicant should attach this form to the originally signed application that is to be submitted to the Board Secretary.

SECTION I (To be completed by applicant):

I _____ residing at _____
(Name of Applicant-Print) (Street Address)

_____ am making an application for
(City) (State) (Zip Code)

the following relief before the Combined Planning/Zoning Board of Adjustment of the
Borough of Clayton: _____

Regarding property known as Block _____ Lot(s) _____ on the Tax Map of
The Borough of Clayton, Located at: _____, whose owner of
(Street Address)
the record is _____, who resides at _____
(Print Name) (Street Address)

_____. I request the Tax Collector of the Borough of
(City) (State) (Zip Code)

Clayton to determine if all taxes and/or assessments are paid on the property that is the
Subject of my application. DATE OF REQUEST: _____

(Applicant's Signature)

SECTION II. (To be Completed By the Clayton Borough Tax Collector)

I certify that: All Taxes are paid up-to-date on the above referenced property
 All assessments due have been paid
 The following are delinquent and past due: _____
Date: _____ (Tax Collector) _____

FORM # 6

REQUEST FOR 200 FOOT LIST

Date: _____

I, _____, am requesting a 200 foot list for property at
(Applicant's Name-Print)

_____, which is located in the Borough of Clayton,
(Street Address)

Block: _____ Lot(s) _____

When the list is completed, I would like to be contacted by:

___ Phone: _____

___ Fax: _____

___ Mail: _____
(Street Address) (City) (State) (Zip Code)

List is \$ 10.00 per Lot.

PAID BY:

___ Cash

___ Check

COMPLETION CHECKLIST

Planning/Zoning Board of Adjustment

Application Number: _____ **Date Received:** _____

Applicant: _____

Property: BLOCK _____ LOT _____ STREET ADDRESS _____

Received:

_____ Application Fee in Amount of \$ _____

_____ Escrow Deposit in Amount of \$ _____

_____ Certification of Taxes Paid

_____ Proposed "Notice of Public Hearing"

_____ Signed Escrow Agreement

_____ Certified List of Property Owners Within 200 Feet

Action Taken:

_____ Copy of Application to Board Attorney on: _____

_____ Copy of Application to Board Engineer on: _____

_____ Copy of Application to Public Works Department on: _____

_____ Copy of Application to Fire Department on: _____

_____ Letter of [] "Completeness" [] "Incompleteness" sent on: _____

_____ Hearing Date Set for: _____

NOTES: _____

ORDINANCE # 15 -12

**AN ORDINANCE AMENDING CHAPTER 88, ARTICLE X, SECTION 84(C) –
FEES AND ESCROWS, OF THE CODE OF THE BOROUGH OF CLAYTON
(UNIFIED DEVELOPMENT)**

BE IT ORDAINED, by the Mayor and Council of the Borough of Clayton, County of Gloucester and State of New Jersey as follows:

Section 1. That Article X, Section 84(C), Fees and Escrow is hereby amended as follows:

1. Conceptual – Major subdivision or site plan
Application Fee \$200.00
Professionals Escrow \$1,000.00
2. Minor Subdivision – resubdivision or lot line adjustment
Application Fee \$250.00
Professionals Escrow \$1,250.00 plus \$100 per lot
3. Major Subdivision - Preliminary
Application Fee \$500.00 plus \$25 per lot
Professionals Escrow \$3,000.00 plus \$100 per lot
4. Major Subdivision – Final
Application Fee \$500.00
Professionals Fee \$2,500.00 plus \$50 per lot
5. Major Subdivision – Amended
Application Fee \$300.00
Professionals Fee \$500.00 plus \$50 per lot
6. Site Plan Waiver
Application Fee \$250.00
Professionals Fee \$750.00
7. Minor Site Plan
Application Fee \$250.00
Professionals Fee \$1,500.00

8. Major Site Plan – Preliminary	
Application Fee	\$300.00 plus \$50 per acre
Professionals Fee	\$2,000.00 plus \$200 per acre
9. Major Site Plan – Final	
Application Fee	\$300.00
Professionals Fee	\$2,000.00 plus \$100 per acre
10. Major Site Plan – Amended	
Application Fee	\$300.00
Professionals Fee	\$1,000.00 plus \$50 per acre
11. Use Variance – (Applications made under N.J.S.A. 40:55D-70.d.)	
Application Fee	\$250.00
Professional Fee – Residential	\$1,500.00
Professionals Fee - Commercial	\$2,000.00
12. Bulk Variance – (Applications made under N.J.S.A. 40:55D-70.e)	
Application Fee	\$150.00
Professional Fee - Residential	\$500.00
Professionals Fee - Commercial	\$750.00
13. Appeals – (Applications made under N.J.S.A. 40:55D-70.a)	
Application Fee	\$150.00
Professionals Fee	\$500.00
14. Interpretations – Applications made under N.J.S.A. 40:55D-70.b.)	
Application Fee	\$100.00
Professionals Fee	\$350.00
15. Conditional Use – (If subdivision or site plan approval is needed, the fees for the appropriate application shall be charged in addition to the following.)	
Application Fee	\$150.00
Professionals Fee - Residential	\$500.00
Professionals Fee – Commercial	\$750.00
16. Environmental Consultant Review	
Escrow Fee	\$2,500.00

17. Miscellaneous	
Application Fee	\$100.00
Professionals Fee	\$500.00
18. Zoning change request	
Application Fee	\$200.00
Professionals Fee	\$3,000.00
19. Certificate of Non-conformity	
Application fee	\$20.00
20. Subdivision Approval Certificate	
Application Fee	\$20.00
21. Copies of minutes and other documents	PER OPRA LAW

Section 2. Repealer

All Ordinances or parts of Ordinances inconsistent with this Ordinance are hereby repealed to the extent of such inconsistencies.

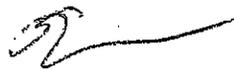
Section 3. Severability

Each section of this Ordinance is an independent section, and the holding of any section or part thereof to be unconstitutional, void or ineffective, shall not be deemed to affect the validity or constitutionality of any other sections or parts hereof.

Section 4. Effective Date

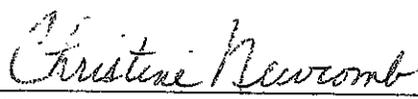
BE IT FURTHER ORDAINED that this Ordinance shall take effect immediately upon formal approval by the Clayton Borough Council and publication as required by law.

BOROUGH OF CLAYTON

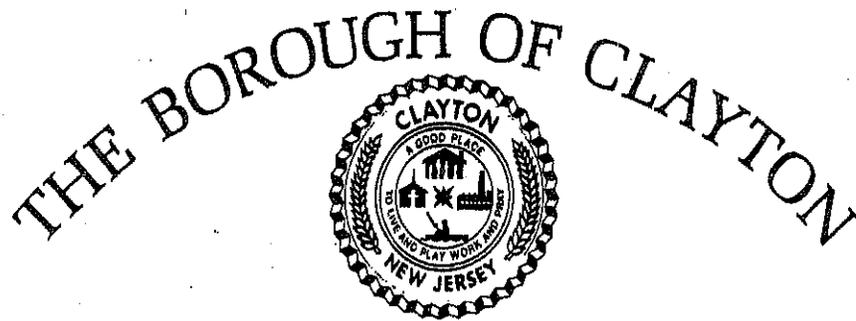


THOMAS BIANCO, Mayor

Attest:



CHRISTINE NEWCOMB, Municipal Clerk



125 NORTH DELSEA DRIVE, CLAYTON, NEW JERSEY 08312

Fax: (856) 881-0153

Phone: (856) 881-2882

www.claytonnj.com

**COMBINED PLANNING/ZONING BOARD
125 NORTH DELSEA DRIVE
CLAYTON, NEW JERSEY 08312
(856) 881-2882 EXT.123**

LIST OF PROFESSIONALS

SOLICITOR

John A. Alice, Esquire
LAW OFFICE OF JOHN A. ALICE
28 Cooper Street
Woodbury, New Jersey 08096
Phone: (856) 845-7222
Fax: (856) 845-3646

ENGINEER

Mark Brunermer, P.E.
SICKELS & ASSOCIATES, INC.
833 Kings Highway
Woodbury, New Jersey 08096
Phone: (856) 848-6800
Fax: (856) 848-8520

PLANNER

George R. Stevenson, P.P.
REMINGTON & VERNICK
300 Kings Highway East
Haddonfield, New Jersey 08033
Phone: (856) 795-9595
Fax: (856) 216-0919

**BOROUGH OF CLAYTON
UTILITIES AND OTHERS ENTITLED TO NOTICE**

GAS:

South Jersey Gas
Customer Care Center
P.O. Box 577
Hammonton, NJ 08037-9927
Phone Number: 1-888-766-9900

PHONE SERVICE:

Verizon Communications
Corporate Headquarters
1095 Avenue of Americas
New York, NY 10036
Phone Number: 1-800-621-9900

ELECTRIC:

Atlantic City Electric
Corporate Offices
5100 Harding Highway
Mays Landing, NJ 08330
Phone Number: 1-800-642-3780

CABLE:

Comcast
Gloucester County
304 South Broad Street
Woodbury, NJ 08096
Phone Number: 1-800-266-2278 or
1-800-COMCAST
Hrs: Monday, Wednesday, & Friday
8:30 a.m. to 5 p.m., Tuesday &
Thursday 8:30 a.m. to 8 p.m.,
Saturday 8:30 a.m. to 5 p.m.
No Returned Equipment Accepted
No Equipment Exchanged

IF PROPERTY IS ADJACENT TO A STATE HIGHWAY:

New Jersey Department of Transportation Planning Division
P.O. Box 600
Trenton, New Jersey 08625-0600

**IF PROPERTY IS ADJACENT TO AN EXISTING COUNTY ROAD,
OR WITHIN 200 FEET OF A MUNICIPAL BOUNDARY:**

Gloucester County Planning Board
1200 North Delsea Drive
Clayton, New Jersey 08312

IF THE PROPERTY IS ADJACENT TO A STATE HIGHWAY:

New Jersey Department of Transportation Planning Division
P.O. Box 600
Trenton, New Jersey 08625-0600

**IF THE PROPERTY IS WITHIN 200 FEET OF AN ADJACENT MUNICIPALITY
NOTICE MUST BE GIVEN TO THE CLERK OF SAID MUNICIPALITY**