



**ISLAND HEIGHTS PLANNING BOARD
APPLICATION FOR BOARD ACTION**

FOR OFFICE USE ONLY

DATE APPLICATION FILED: _____
APPLICATION FEE PAID: Cash Check # _____
ESCROW DEPOSITED: Cash Check # _____

PROPERTY INFORMATION

Block: _____ Lot: _____

Street Address: _____

Property Zone: _____

APPLICATION INSTRUCTIONS

1. This application must be filled out completely and signed by the applicant and the property owner. The signature of the property owner must be notarized.
2. All applications shall be accompanied by a non-refundable application fee of \$200.00 payable by cash, check or money order to the Borough of Island Heights.
3. All subdivision and variance applications require an escrow for borough professionals deposit of \$2,000.00 payable by cash, check or money order to the Borough of Island Heights.
4. All subdivision applications must be accompanied by fifteen (15) copies of a sealed property survey and fifteen (15) copies of the the sealed subdivision plan.

5. All variance applications must be accompanied by fifteen (15) copies of a sealed property survey, fifteen (15) copies of a sealed plot plan and fifteen (15) copies of any architectural or engineering plans.
6. Once the application is received by the Planning Board Secretary and deemed to be complete, if appropriate, it will be forwarded to the Planning Attorney and Engineer for review.
7. Once the application is deemed complete by the Planning Board Attorney and Engineer, it will be scheduled for a hearing before the Planning Board, the applicant and the property owner will be notified of the meeting date, time and location.
8. In cases where notification of surrounding property owners is required, the applicant is required to provide proof of publication and notice to property owners within two hundred (200) feet to the Board Secretary prior to the scheduled hearing date. Failure to provide proof of publication and notice may cause the matter to be removed from the Board Hearing Calendar.

APPLICANT INFORMATION

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Applicant Telephone # _____

NATURE OF APPLICATION: (Check All That Apply)

Appeal of Action of Borough Administrative Officer

Subdivision

Variance

Other (specify in detail): _____

Applicant Proposal Narrative (attach separate sheets if necessary):

Reasons for the Relief Sought (attach separate sheets if necessary):

APPLICANT PROFESSIONALS (If Applicable)

Attorney: _____

Phone Number: _____

Email Address: _____

Engineer: _____

Phone Number: _____

Email Address: _____

Architect: _____

Phone Number: _____

Email Address: _____

Professional Planner: _____

Phone Number: _____

Email Address: _____

Other Professional: _____

Phone Number: _____

Email Address: _____

APPLICANT'S CERTIFICATION

I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are accurate and truthful.

Applicant Printed Name

Applicant Signature

Date

PROPERTY OWNER AUTHORIZATION

1. I hereby certify that I am the owner of the property that is the subject of this application and that said application is hereby authorized by me.
2. I agree to pay all professional expenses incurred by the Borough of Island Heights related to the review and disposition of this application.
3. I attest that all property taxes owed on the subject property are paid.

Owner Printed Name

Owner Signature

Notary Printed Name

Notary Signature

Date