

**APPLICATION
TOWN OF CLINTON BOARD OF ADJUSTMENT**

No. _____ (filed) _____ (hearing) _____ (fee deposited)

(DO NOT WRITE ABOVE THIS LINE)

INSTRUCTIONS

Application for appeals to the Board of Adjustment of The Town of Clinton must be made on this form and filed with the Secretary of the Board and the Building Inspector **Additional information may be required by the Board.**

After filing the application you will be notified of the date the hearing will be held on your application together with detailed instructions concerning the procedure you must follow to give notice of the hearing to adjoining property owners.

In the event a variance is granted, you are hereby notified that said variance shall expire unless work is commenced and diligently prosecuted within nine (9) months from the date of the granting of the variance.

1. Name of Applicant: _____

Address: _____ Phone _____

2. Name & address of present owner (if other than No.1 above)

3. Interest of applicant if other than owner: _____

4. Description of property: _____

How Zoned: _____

Street Address: _____

Tax Map Block No. _____ Lot No: _____

Size of Lot: _____ Size of Building _____

Number, Size & Use of accessory buildings: _____

Height of Building: _____ #of Stories: _____

Setback from front property line: _____ feet Rear yard: _____ feet.

From side lot lines: _____ feet, and _____ feet.

Prevailing setback of adjoining buildings with block: _____

5. Attach a plot plan showing the block and lot numbers, dimensions of lot, dimensions of present and proposed structures, and location of all structures in relation to all other structures and to property lines and plans of any proposed buildings.

6. Specify the relief sought from the Board under NJSA. 40:55D

(refer to sections of the zoning ordinance involved for each request).

7. Has there been any previous appeal involving these premises? If so, state character of appeal and date of disposition.

8. If variance is under NJSA. 40:55D give details on any of the following which may apply:

(a) Exceptional narrowness, shallowness, or slope of property:

(b) Exceptional topographic conditions:

(c) Other extraordinary and exceptional situations or conditions of the property:

(d) Exceptional and undue hardships upon the owner of property:

9. If the use is not permitted in the zone specify the details on the following:

(a) How this is a particular case:

(b) What are the special reasons for the variance:

10. Specify how the relief requested, if granted, can be granted without substantial detriment to the public good and without substantially impairing the intent and plan of the zoning ordinance, and how it would affect the following purposes of zoning.

(a) To Lessen congestion in the streets:

(b) Secure safety from fire, flood, panic and other dangers:

(c) Promote health, morals and the general welfare:

(d) Provide adequate light and air:

(e) Prevent the overcrowding of land or buildings:

(f) Avoid undue concentration of population:

(g) Other:

AFFIDAVIT OF APPLICANT

STATE OF NEW JERSEY }
 : SS.
 COUNTY OF HUNTERDON }

, of full age, being duly sworn according to law,

on oath deposes and says that all of the above statements are true.

Sworn to and subscribed before
me this _____ day of _____ 20_____.

Notary Public of New Jersey

Signature of Applicant

Authorization

If anyone other than the owner is making the application, the following authorization must be executed:

To: The Board of Adjustment

_____ is hereby authorized to make the attached application to the Board of Adjustment.

Signature of owner:

Date: