

PRELIMINARY SITE PLAN APPLICATION

TOWN OF CLINTON

Must be filed in TRIPLICATE with the Secretary of the Planning Board/Board of Adjustment along with Fifteen (15) copies of the Preliminary Site Plan TWENTY-ONE (21) calendar days prior to the regular meeting of the Board.

APPLICATION # _____ DATE FILED _____ 20 ____

FEE COLLECTED \$ _____

RECEIVED BY (BoardSecretary)

APPLICATION IS HEREBY MADE TO THE () PLANNING BOARD
() BOARD OF ADJUSTMENT

1. Applicant _____ Phone # _____
Address _____

2. Owner (if other than above) _____ Phone # _____
Address _____

3. Interest of Applicant if other than owner

4. Owner's Consent: I (we) hereby authorize _____ to file this application and state that I (we) own the property and that it is recorded in. the Hunterdon County Clerk's Office in Book _____ Page _____

OWNER'S SIGNATURE _____

5. Site Plan Drawn By _____ Phone # _____
Address _____
Profession _____ License # _____

6. Architectural Plans Drawn By _____
Address _____ Phone# _____
License # _____

7. LOCATION STREET ADDRESS _____
Nearest Intersection _____
BLOCK _____ LOT _____ ZONE _____

8. Purpose of Site Plan (or Exemption) _____

9. Where applicable, provide the following:

TYPE OF BUSINESS: _____

BUSINESS HOURS: _____

NO. OF EMPLOYEES (EACH SHIFT): _____

USE OF EACH BUILDING: _____

HEIGHT OF BUILDINGS: _____ STORIES: _____

FLOOR AREA _____

PRODUCTS MANUFACTURED _____

NO. OF DWELLING UNITS: _____

10. Variances or Conditional Use Required _____

Has variance application been filed? Yes _____ No _____

11. Requested exemptions from () Site Review () Development Standards

(attach written justification)

12. List maps and other documents (15 copies of each) accompanying this application

13. The Applicant does () does not () hereby grant an extension of time from the date within which the Board must act on this application for a period days unlimited ().

Date: _____ Signature: _____

Name of Business: _____

ACTION OF PLANNING BOARD OR BOARD OF ADJUSTMENT:

APPLICATION APPROVED _____ **CONDITIONS** _____

APPLICATION DENIED _____ **REASON FOR DENIAL** _____

CHAIRMAN: _____ **DATE:** _____

SECRETARY _____ **DATE**