



TOWNSHIP OF NUTLEY, NEW JERSEY

ZONING BOARD OF ADJUSTMENT APPLICATION FORM

Docket No: _____

TO ALL APPLICANTS: This application form is designed to obtain from you information necessary for the processing of your application by the Zoning Board of Adjustment.

Application Fee: \$_____ (on denial letter)

Date of Denial Letter: _____

Section I: SUBJECT PROPERTY

Address: _____

Block: _____ Lot: _____ Zone: _____

	District Requirements	Proposed
Lot Area	_____	_____
Lot Width	_____	_____
Lot Depth	_____	_____
Front Yard	_____	_____
Side Yard	_____	_____
Rear Yard	_____	_____
Other	_____	_____

Section II: APPLICANT INFORMATION

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Applicant is a:

_____ Corporation _____ Partnership _____ LLC _____ Individual

If the owner is not the applicant, the following must be provided:

Owner Name: _____

Address: _____

Telephone: _____

Email Address: _____

Section III: DISCLOSURE STATEMENT

Pursuant to N.J.S. 40:55D-48.1 the names and address of all persons owning 10% of the stock in a corporation or a 10% interest in any partnership must disclosed by the applicant. 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.

Name: _____

Address: _____

Interest: _____

Name: _____

Address: _____

Interest: _____

Name: _____

Address: _____

Interest: _____

Section IV: PROPERTY INFORMATION

	Existing	Proposed
Total existing and total proposed dwelling units	_____	_____
Total existing and total proposed professional offices	_____	_____
Total existing and total proposed parking spaces	_____	_____

Present use of premises: _____

Has there been any previous appeal, request, or application to this or any other Township of Nutley Board or the Construction Code Official involving these premises? _____

If yes, state the nature, date and the disposition of each such matter: _____

Section V: PROFESSIONAL INFORMATION

Applicant's Attorney

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Applicant's Architect

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Applicant's Engineer

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Applicant's Planning Consultant

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

***List any other expert who will submit a report or who will testify for the applicant.
(Attach additional sheets, if necessary)***

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Field of Expertise: _____

Section VI: GENERAL INFORMATION

In the space below, state the nature of the constraints imposed by the physical characteristics of the land under consideration (i.e. exceptional narrowness, shallowness 01' topographic conditions).

In the space below, state any other extraordinary or exceptional situation or condition of the land involved which would constrain development in accordance with Zoning Regulations

Explain how not granting this variance request would impose peculiar and exceptional practical difficulties or exceptional or undue hardship upon you.

Explain how the granting of this variance will not detrimentally affect the public good or substantially impair the intent and purpose of the Zone Plan and Zoning Ordinance.

CERTIFICATION

STATE OF NEW JERSEY }
 } ss.
COUNTY OF ESSEX }

Eugene Diaz, being duly sworn, hereby certify (*check one*)

- _____ that I am the applicant

or

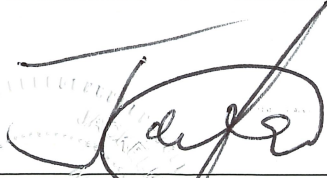
- that I am the Managing Member
Authorized Signatory of PB Nutclif Master, LLC,
(Title) (Company Name)
the Applicant, and that I am duly empowered and authorized to make this representation
on behalf of PB Nutclif Master, LLC ;
(Company Name)

and that the information presented in this application is true, complete and accurate.



Applicant/Applicant's Authorized
Officer or Representative

Subscribed and sworn to before me
this 18 day of August, 2021.



Signature of person authorized to take oaths

JACKELINE J TORALES
Notary Public - State of New Jersey
My Commission Expires Mar 14, 2026