

City of Lambertville  
 18 York Street, Lambertville NJ 08530  
 Phone: (609) 397-0803 ~ Fax: (609) 397-2203  
 Email: [construction@lambertvillenj.org](mailto:construction@lambertvillenj.org)

## Planning & Board of Adjustment Application

Application Date: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Fees Paid:    Application:    \$ \_\_\_\_\_                      Ck #: \_\_\_\_\_

                         Escrow:            \$ \_\_\_\_\_                      Ck #: \_\_\_\_\_

Application Address: \_\_\_\_\_

<u>APPLICATION TYPE:</u>	<u>FEE</u>	<u>ESCROW</u>
____ Appeal	\$ _____	_____
____ Request for Zoning Interpretation	_____	_____
____ Hardship / Bulk Variance	_____	_____
____ Use Variance	_____	_____
____ Conditional Use Permit	_____	_____
____ Conceptual Review	_____	_____
____ Minor Subdivision	_____	_____
(Total # of Lots ____)		
____ Preliminary Site Plan	_____	_____
(_____ S.F. Improvements)		
____ Preliminary Major Subdivision	_____	_____
(Total # of Lots ____)		
____ Final Site Plan	_____	_____
(_____ S.F. Improvements)		
____ Final Major Subdivision	_____	_____
(Total # of Lots ____)		
____ General Development Plan	_____	_____
____ Re-Submittal	_____	_____
____ Other: _____	_____	_____
<b>Total Amount Paid:</b>	_____	_____

Planning Board meets the first Wednesday of every month at 7:00 pm  
 Zoning Board meets the last Thursday of every month at 7:30 pm  
 (Unless otherwise noticed)  
 Both meetings are held at the  
 Justice Complex, 25 South Union Street, Lambertville NJ 08530

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## Planning & Board of Adjustment Application

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

*I have reviewed this application & accompanying documentation & consent to filing of the same with the City of Lambertville Planning Board / Zoning Board*

\_\_\_\_\_  
*Owner's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Name of Applicant (if different from owner): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Applicant's Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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Planning & Board of Adjustment Application

I do hereby appoint \_\_\_\_\_ to perform all duties as maybe required to  
Agent's Name (please print)  
 Prosecute this application before the designated agencies & departments of the City. I  
 do further acknowledge my agent will be the sole recipient of all documentation  
 (reports, agendas, etc.) produced by the City of Lambertville with regard to this matter.

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Owners' Signature Date

Property Information

Zoning District: \_\_\_\_\_ Tax Map: Page: \_\_\_\_\_ Block \_\_\_\_\_ Lot: \_\_\_\_\_

Present use of Property: \_\_\_\_\_

Property Dimensions, etc.:

	Minimum	Actual	Proposed
Lot Area	_____	_____	_____
Lot Width at Street	_____	_____	_____
Lot Width of Setback Line	_____	_____	_____
Lot Depth	_____	_____	_____
Front Setback	_____	_____	_____
Left Side Setback	_____	_____	_____
Right Side Setback	_____	_____	_____
Rear Yard Setback	_____	_____	_____
Maximum Bldg Height	_____	_____	_____
Structures, Blacktop & Other	_____	_____	_____
Coverage (SF)	_____	_____	_____
Lot Coverage %	_____	_____	_____

1. Is the property a corner lot?

\_\_\_\_\_

2. Date this Applicant acquired the property or an interest in the property:

\_\_\_\_\_

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3. The Zone in which the property is located:

\_\_\_\_\_

4. Acreage of entire tract:

\_\_\_\_\_

5. Is the property located:

On a County Road?      \_\_\_ Yes \_\_\_ No

Within 200 feet of a Municipal Boundary?      \_\_\_ Yes \_\_\_ No

Located on a State Highway?      \_\_\_ Yes \_\_\_ No

6. Are there any existing or proposed deed restrictions, easements, right of ways or other dedication? \_\_\_ Yes \_\_\_ No (if yes please attach a copy)

7. Has this property been subject of any prior approvals or denials by the Planning Board of Board of Adjustment? \_\_\_ Yes \_\_\_ No (if yes, please specify)

What special reasons support the granting of the variance, if applicable?

\_\_\_\_\_  
\_\_\_\_\_

Description of approval being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list requests for waivers of submission of documents and the reasons therefore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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