



Mohamed T. Khairullah
Mayor

BOROUGH OF PROSPECT PARK

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BUILDING DEPARTMENT
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PLANNING LAND USE BOARD APPLICATION FOR RELIEF UNDER R.S. 40:55-39

BLOCK: _____

LOT: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____

RELATIONSHIP OF APPLICANT TO OWNER, CHECK ONE () TENANT ()
AUTHORIZED ATTORNEY, () CONTRACT PURCHASER OR () THE SAME PERSON

THE PREMISES ARE LOCATED AT _____

STREET ADDRESS

WHICH ON THE TAX MAP IS _____

BLOCK/LOT

DATE OWNER ACQUIRED TITLE _____

DOES OWNER OWN CONTIGUOUS PROPERTY _____

PREMISES ARE LOCATED IN THE FOLLOWING ZONE _____

PRESENT USE PROPOSED USE _____

CHECK ONE OF THE FOLLOWING:

() THIS IS AN APPEAL ALLEGING IN AN ORDER, REQUIREMENT, AND DECISION:
REFUSAL, OF THE BUILDING- ZONING OFFICIAL BASED ON OR MADE IN THE ENFORCEMENT OF THE
ZONING ORDINANCE.

() THIS IS A REQUEST FOR A SPECIAL EXCEPTION OF THE ZONING ORDINANCE () THIS IS A REQUEST FOR
AN INTERPRETATION OF THE ZONING MAP.

() THIS IS AN APPLICATION FOR A VARIANCE FROM THE STRICT APPLICATION OF ZONING ORDINANCE
BUT NO PERMISSION IS SOUGHT FOR STRUCTURE OR USE IN A ZONE RESTRICTED AGAINST SUCH
STRUCTURE OR USE.

() THIS IS AN APPLICATION FOR A VARIANCE TO ALLOW A STRUCTURE OR
USE RESTRICTED AGAINST SUCH STRUCTURE OR USE. D. VARIANCE

DATE OF THE BUILDING- ZONING OFFICIAL'S ACTION _____

THE NATURE OF THE BUILDING- ZONING OFFICIAL'S ACTION _____

REASONS WHY SAID ACTION IS ERRONEOUS _____

LIST OF VARIANCES REQUESTED SETBACK LOT COVERAGE OR OTHER BULK REQUIREMENTS.

DESCRIBE IN DETAIL REASONS THE VARIANCES SHOULD BE GRANTED _____

IF A USE IS PROHIBITED DESCRIBE NATURE OF THE USE _____

YOU MUST PROVIDE BOTH POSITIVE AND NEGATIVE CRITERIA EVIDENCE OR TESTIMONY IN THE GRANTING OF A VARIANCE. _____

HAS THERE BEEN ANY PREVIOUS APPEALS, REQUESTS FOR APPLICATION () YES () NO

IF YES DESCRIBE THE NATURE OF THE SAID MATTER, ITS DISPOSITION AND THE DATE THEREOF

I (WE) THE OWNER (S) OF THE PROPERTY ABOVE HEREBY CERTIFY THAT THIS APPLICATION HAS (MY) (OUR) APPROVAL

SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER

STATE OF NEW JERSEY

} SS.

COUNTY OF PASSAIC

_____ OF FULL AGE, BEING DULY SWORN ACCORDING TO LAW UPON OATH, DEPOSES THAT ALL OF THE ABOVE STATEMENT AND THE STATEMENTS MADE ANY PAPERS SUBMITTED HEREWITH ARE TRUE

SWORN TO AND SUBSCRIBED BEFORE ME THIS OF _____ 20

NOTARY

AFFIDAVIT OF APPLICANT IF THAN OWNER

STATE OF NEW JERSEY

} SS

COUNTY OF PASSAIC

APPLICANT

CO-APPLICANT

_____ OF FULL AGE, BEING DULY

SWORN ACCORDING TO-LAW UPON HIS OATH DEPOSES AND SAYS THAT RESIDES AT

_____ THAT HE IS APPLICANT OF TIE LOT DESCRIBED HEREOF AND THAT THE STATEMENTS CONTAINED IN SAID APPLICATION ARE TRUE.

SWORN BEFORE ME THIS _____ DAY OF _____ 20

NOTARY

ATTACH ANY FURTHER INFORMATION IF REQUIRED

FOR OFFICIAL USE ONLY

Date Received: _____	Hearing Date: _____	Disposition: _____
Approved: _____	Denied: _____	LUB Secretary: _____