



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 632-8100 • 500 Main Street • Metuchen, N.J. 08840

Procedure for Filing an Application for Development with the Technical Review Committee

Dear Applicant,

The Mayor and Borough Council adopt Ordinances which regulate the use of land in the Borough of Metuchen ("Borough"). The purpose of these land use regulations is to promote public health, safety, general welfare, morals, the purposes of the Municipal Land Use Law (N.J.S.A. 40:55D-2) and the goals, objectives, recommendations and policies of the Borough's Master Plan.

The Ordinance contains all of the necessary procedures, public notice requirements, subdivision and site plan ordinances, zoning regulations, development and design standards. The Ordinance may be purchased from the Office of Planning and Zoning and is also available online at www.metuchennj.org

The Planning Board ("Board") and its subcommittee, the Technical Review Committee ("TRC"), exist so as to consider minor applications for land development and requests for relief from the land use regulations as promulgated by Chapter 110 of the Code of the Borough of Metuchen, which is known as The Land Development Ordinance ("Ordinance").

Applicants are strongly advised to review the Ordinance as they pertain to their application. Applicants would be well advised to consult with an attorney, particularly those who specialize in land use, to ensure that the proper procedures are followed.

Any application that will appear before TRC and/or require the review of professional consultants to the Borough requires the establishment of an escrow account. This account is billed on a monthly basis, for any time necessary for consultation, review and report writing, by the following professionals during the review of the application:

Borough Engineer:	Tom Herits, Maser Consulting P.A.	732-383-1950
Board Engineer:	Lisa Di Franza, Maser Consulting P.A.	732-383-1950
Planner:	James Constantine, LRK Inc.	609-683-3600
Attorney:	Robert Renaud, Palumbo & Renaud	908-272-9700

The following guidelines and accompanying checklist have been prepared on behalf of the Board in an attempt to explain the procedures and various requirements for obtaining approval or seeking relief from the Board.

Should you have any questions about these procedures or your application, please contact the Board Secretary at (732) 632-8554 or the Zoning Official at (732) 632-8514 during normal business hours.

Sincerely,

Christopher S. Cosenza
Zoning Official

Submitting an Application

Generally, the **Technical Review Committee** meets on the first and third Thursday of each month prior to the Planning Board Meeting. All applications must be deemed complete and filed with the Board Secretary prior to being placed on the TRC's agenda. To begin:

1. Applicant shall submit, at minimum, the following to begin completeness review: Zoning Permit Application, zoning permit application fee, property survey indicating the proposed improvement(s), Application for Development, Narrative of Proposal, Checklist (if applicable) and accompanying documents such as plans, elevations, reports, photographs, etc.
2. The Zoning Official will review the application and execute completeness review within 45 days pursuant to N.J.S.A. 40:55D-10.3. If the application is deemed incomplete, the Board Secretary and/or Zoning Official will notify Applicant of the deficiencies in the application.
3. Applicant shall submit the following to finalize completeness review: 12 copies of the Application for Development, Narrative of Proposal and accompanying documents along with one (1) copy of each of the Proof of Payment of Taxes and Assessments, Escrow Agreement, Application Fee, Escrow Fee, W-9 Form as well as any and all other applicable forms.
4. Once the application has been deemed complete, a tentative hearing date is scheduled. Applicant will be notified, in writing, of the date of the hearing.

At the Meeting

Applicant and/or his/her attorney must be present at the hearing. If Applicant is a corporation, Applicant must be represented by an attorney licensed in the State of New Jersey. When seeking approval or relief from the land use regulations from the Ordinance, Applicant must be able to clearly explain the proposal and present evidence to enable TRC to make a determination that Applicant is entitled to its request or recommendation to the Board. The meeting is informal in nature and will proceed as follows:

5. Applicant may present a brief description of the application and present whatever testimony, witnesses and exhibits as desired for TRC to consider. TRC may ask questions of Applicant and its witnesses. Upon completion of the testimony and related questions, TRC will deliberate and vote on whether or not to recommend approval to the Board. The deliberation and decision of the TRC will take place with Applicant present in the meeting room.

After the Meeting

After Applicant has appeared before TRC, the procedure is as follows:

6. A Recommendation Letter is composed by the Zoning Official. The Board will vote on memorializing the Recommendation Letter at the following Board meeting, which concludes the Board's action at that time. Within 10 days of the date of the Resolution, the Resolution will be mailed to Applicant and/or Applicant's attorney.
7. When Applicant has received the Resolution, he/she must publish a Legal Notice of Action Taken by the Board in the *Home News Tribune* or *The Star-Ledger*. Applicant may provide a short version of the Resolution but must explain what was effectively approved (or denied) by the Board.
8. Applicant shall request an Affidavit of Publication from the newspaper and submit it to the Board Secretary along with the following: one (1) copy of each of the Affidavit of Compliance, new Zoning Permit Application and revised plans (if necessary).

NOTE: Applicant is required to comply with ALL conditions of approval in the Resolution.

Submission Checklist

A. Initial Step for Completeness Review:

- Zoning Permit Application
- Zoning Permit Application Fee
- Application for Development (1 copy)
- Accompanying exhibits listed under "Plat Submission" (1 copy)
- Narrative of Proposal (1 copy)
- Checklist (if applicable) (1 copy)

B. Final Step for Completeness Review:

- Application for Development (12 copies)
- Accompanying exhibits listed under "Plat Submission" (12 copies)
- Narrative of Proposal (12 copies)
- Checklist (if applicable) (6 copies)
- Proof of Payment of Taxes and Assessments
- Escrow Agreement to Pay for Services to be Rendered by Borough Professionals
- Application Fee
- Escrow Fee
- W-9 Form
- Copy of Freehold Soil Conservation District Exemption Application Form
- Application or Disclosure by Corporation or Partnership pursuant to N.J.S.A. 40:55D-48.1 (if applicable)

C. The following shall be submitted after receipt of the Resolution:

- Affidavit of Publication for Legal Notice of Action Taken by Board (to be provided by the newspaper)
- Affidavit of Compliance
- Zoning Permit Application



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ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

Permit #	_____
Received	_____
Issued	_____
Payment	_____
Amount	_____

1. Location

Street Address _____

Block _____ Lot _____ Zone _____

2. Applicant

Name _____ Phone _____

Street Address _____ Fax _____

City / State _____ Zip _____ Email _____

3. Owner (If other than Applicant)

Name _____ Phone _____

Street Address _____ Fax _____

City / State _____ Zip _____ Email _____

4. Present or Previous Use of Building and/or Land

Detached Single-Family Attached Single-Family Two-Family Residence Multi-Family Residence

Commercial Office Industrial Other _____

5. Proposed Use of Building and/or Land

New Principal Structure Addition / Alteration / Deck / Porch New Accessory Structure

Parking Lot / Driveway Patio / Walkway Fence / Wall

Change of Use / Occupancy Sign Other _____

6. Describe Proposed Work or New Use

7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building	_____	_____
Floor Area to be Occupied	_____	_____
Off-Street Parking Spaces	_____	_____
Numbers of Employees	_____	_____
Days & Hours of Operation	_____	_____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name _____ Date _____

Signature _____



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APPLICATION FOR DEVELOPMENT

Control Information (Office Use Only)

Application Number	Applicant Name	Date Received	Date Deemed Complete
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1. Application

A. Location

Street Address _____

Block _____ Lot _____ Zone _____

Situated on _____ side of _____

distant _____ feet from _____

B. The Site is Located:

Within 200' of Edison Township Adjacent to County Road Adjacent to State Highway

C. Status:

New Revision or Resubmission of Prior Application No. _____

D. Type (Check all that Apply):

Concept Preliminary Final Conditional Use Approval

Minor Site Plan Major Site Plan Minor Subdivision Major Subdivision

(a) – Appeal (b) – Interpretation (c) – Variance (Bulk) (d) – Variance (Use)

Request for Waiver of Submission Requirements Other _____

E. Nature of Relief or Variance Request (List Ordinance Reference Sections)

F. Date and Disposition of any previous Board Hearings involving this Site

G. Plat Submission (List maps and other exhibits accompanying this application)

2. Applicant Information

A. Applicant

First Name _____ Phone _____
Last Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other _____

C. Applicant's Relationship to Owner:

Owner Lessee Purchaser Under Contract Other _____

D. Owner (If other than Applicant; requires Owner's Consent on Page 6)

First Name _____ Phone _____
Last Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

3. Applicant's Experts

A. Attorney (Required if Applicant is a Corporation; must be a licensed in the State of New Jersey)

Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

B. Engineer

Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

C. Architect

Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

D. Other Professional Consultants

Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

4. Plat / Plan Data

A. Present Use of Land / Structure

B. Proposed Use of Land / Structure

C. Building Data

Existing :	Floor Area:	_____	Height in Stories & Feet:	_____
Addition:	Floor Area:	_____	Height in Stories & Feet:	_____
New Bldg:	Floor Area:	_____	Height in Stories & Feet:	_____
Total Floor Area:		_____		

D. Subdivision Data

Area:	Entire Tract:	_____	Portion being subdivided:	_____
No. of Lots:	Present	_____	Proposed:	_____
No. of Units:	Demolished:	_____	Proposed:	_____
Purpose:		_____		

E. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building:	_____	_____
Floor Area to be Occupied:	_____	_____
Off-Street Parking:	_____	_____
Number of Employees:	_____	_____
Days & Hours of Operation:	_____	_____
Machinery / Equipment Used:	_____	_____
	_____	_____
	_____	_____
Description of Operation(s):	_____	_____
	_____	_____
	_____	_____
	_____	_____

5. Request for Bulk Variance

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area	<input type="checkbox"/>
Min. Lot Width	<input type="checkbox"/>
Min. Lot Depth (Average)	<input type="checkbox"/>
Min. Front Yard Setback	<input type="checkbox"/>
Min. Side Yard Setback (Left)	<input type="checkbox"/>
Min. Side Yard Setback (Right)	<input type="checkbox"/>
Min. Side Yard Setback (Combined)	<input type="checkbox"/>
Min. Rear Yard Setback	<input type="checkbox"/>
Max. Building Coverage	<input type="checkbox"/>
Max. Impervious Coverage	<input type="checkbox"/>
Max. Height	<input type="checkbox"/>

B. Describe below the nature of the constraints imposed by the physical characteristics of the property.

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C. Describe below any other exceptional conditions of the property that prevent the applicant from complying with the Zoning Ordinance.

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D. Describe below how not granting this variance request would impose difficulties or undue hardship upon you.

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E. Describe below how the granting of the variance request will not result in substantial detriment to the public good nor substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinance.

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6. Request for Conditional Use Approval / Use Variance

A. Describe below the specifics of the request.

B. Describe below the special reasons which exist that support the granting of the request.

C. Describe below how the public interest will be served by the granting of the request.

D. Describe below what circumstances exist or what measures will be taken to ensure that, if the request is granted, the surrounding property owners will experience no adverse impact or undue burden.

E. Describe below how the granting of the request will not result in substantial detriment to the public good nor substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinance.

7. Correspondence

A. Person to be contacted in regard to all matters pertaining to this Application (If other than Applicant)

First Name	_____	Phone	_____
Last Name	_____	Phone	_____
Street Address	_____	Fax	_____
City / State	_____	Zip	_____
		Email	_____

8. Verification and Authorization

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR AN APPLICATION FOR DEVELOPMENT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE APPLICATION RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION.

CONSTRUCTION OF IMPROVEMENTS WILL NOT BE COMMENCED AT THE ABOVE LOCATION UNTIL THE APPLICANT/OWNER IS IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS REGARDING ZONING AND PROPERTY MAINTENANCE AS DEFINED BY THE CODE OF THE BOROUGH OF METUCHEN. THIS APPLICATION AND ASSOCIATED APPROVALS DO NOT WAIVE ANY OTHER RESTRICTIONS OR REGULATIONS IMPOSED PRIVATELY OR BY LAW.

A. Applicant's Verification

I HEREBY CERTIFY THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE.

Name _____ Date _____

Signature _____

B. Owner's Authorization

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE PROPERTY DESCRIBED HEREON AND THAT I CONCUR WITH THE DOCUMENTS PRESENTED TO THE PLANNING BOARD / ZONING BOARD OF ADJUSTMENT. I HEREBY AUTHORIZE THE APPLICANT TO SUBMIT THIS APPLICATION FOR DEVELOPMENT.

Name _____ Date _____

Signature _____

Telephone & Fax Number: _____



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PROOF OF PAYMENT OF TAXES AND ASSESSMENTS

RE: Application for Development

Block No. _____ Lot No.: _____

Location: _____

I certify that I am the Owner of Record of the property described heron and in compliance with N.J.S.A. 40:55D-65h, I request the Tax Collector to determine whether there are any delinquent taxes and/or assessments due.

Owner's Name

Date

Owner's Signature

TO BE COMPLETED BY THE TAX COLLECTOR FOR CERTIFICATION

I declare that: _____ All taxes have been paid
_____ All assessments due have been paid
_____ The following are delinquent and past due:

Preparer

Date



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ESCROW AGREEMENT **TO PAY FOR SERVICES TO BE** **RENDERED BY BOROUGH PROFESSIONALS**

I understand that the sum of \$_____ has been deposited in an escrow account. In accordance with Section 110-14B of the Metuchen Land Development Ordinance, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned.

If additional sums are deemed necessary, I understand I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

In the case that the escrow account is not brought up to date in a timely manner, I will be subject to penalties and fines as per Section 110-256 of the Metuchen Land Development Ordinance.

Applicant's Name

Date

Applicant's Signature

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Freehold Soil Conservation District

4000 Kozloski Road, PO Box 5033 — Freehold, NJ 07728-5033
(732) 683-8500 FAX (732) 683-9140
www.freeholdscd.org Email: info@freeholdscd.org
Serving Middlesex and Monmouth Counties since 1938

Exemption Application Form

Print Clearly or Type

Current Owner: _____ Block (s): _____

Mailing Address: _____ Lot (s): _____

Town _____ State _____ Zip _____ Street Address: _____

Phone: _____ FAX _____ Township: _____

PLEASE READ **ALL** INFORMATION CAREFULLY

I, the undersigned, am requesting an Exemption from the Soil Erosion and Sediment Control Act of New Jersey, P.L. 1975, Chapter 251 for the following activity(ies). In addition, I acknowledge that I am responsible to provide the required information as requested below.

The District will review the completed Exemption request and will respond within five (5) business days. If the activity deviates from the documentation provided in this application and/or exceeds 5,000 sq. ft., it will render the Exemption void. A re-assessment will be made by the District.

RESIDENTIAL LAND DISTURBANCE (SINGLE FAMILY DWELLING UNIT):

Submit a copy of the site plan with total land disturbance areas. A Planning Board Resolution, a descriptive narrative and a detailed site plan documenting ALL land disturbance activity are required.

_____ Demolition and Reconstruction (Area of Total Land Disturbance must be less than 5,000 sq. ft.): Total land disturbance includes all land disturbing activity in both existing and proposed site conditions.

_____ Construction of a single family dwelling unit which is **NOT** part of a proposed subdivision, planned development or construction permit application involving two (2) or more single family dwelling units.

_____ Construction of a single family dwelling unit on a lot that has arisen from a subdivision approved after Jan. 1, 1976 that did **NOT** create two (2) or more buildable lots and the proposed cumulative land disturbance is less than 5,000 sq. ft.

_____ Construction of a single family dwelling unit on a lot that has arisen from a subdivision approved prior to Jan. 1, 1976 where I do **NOT** own or plan to build more than one home at a time.

_____ Addition/Improvements (Area of Total Land Disturbance must be less than 5,000 sq. ft.): Total land disturbance includes all land disturbing activity in both existing and proposed site conditions.

GENERAL LAND DISTURBANCE:

Submit a copy of the site plan with total land disturbance areas and provide a descriptive narrative

_____ Commercial Construction/General Clearing: (Area of Total Land Disturbance must be less than 5,000 sq. ft.): Includes utilities, public facilities, and demolition activity. TOTAL LAND DISTURBANCE = _____ sq. ft.

_____ Demolition Only (Area of Total Land Disturbance must be less than 5,000 sq. ft.)
TOTAL LAND DISTURBANCE = _____ sq. ft.

AGRICULTURE:

Submit a copy of USDA-NRCS Farm Conservation Plan.

_____ Cultivation of land for the production of food, fiber, animals and related activities customary to agricultural production and operations. This applies only to crop cultivation and not to the construction of agricultural structures.

Signature — Owner must sign before submission to the District

Owner Signature: _____ Date: _____

Print Owner Name: _____



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 632-8100 • 500 Main Street • Metuchen, N.J. 08840

LEGAL NOTICE OF ACTION TAKEN BY BOARD

PLEASE TAKE NOTICE, that on the _____ day of _____, 20____
at _____ P.M., the Borough of Metuchen Planning Board / Zoning Board of Adjustment adopted
Resolution # _____ memorializing the approval to (Describe as per Resolution):

PLEASE TAKE FURTHER NOTICE, the subject site is located at _____
and designated as Block _____, Lot(s) _____ as shown on the Borough Tax Map,
located in the _____ zoning district. Documents and plans filed by the applicant are available for
inspection during regular business hours at Borough Hall, Office of Planning & Zoning, 500 Main Street,
Metuchen, NJ 08840.

Applicant's Signature

Publication Date



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 632-8100 • 500 Main Street • Metuchen, N.J. 08840

AFFIDAVIT OF COMPLIANCE

Applicant Name: _____

Address: _____

Phone Number: _____

_____ of full age, does hereby certify as follows:

1. I am the Applicant and/or its duly appointed representative on the development application that has been granted approval by the Borough of Metuchen Planning Board or Zoning Board of Adjustment ("Board") in accordance with the Municipal Land Use Law, N.J.S.A. 40:55D-1 et seq.
2. I have reviewed the Board's Resolution of Approval, including the conditions imposed therein, and I hereby certify that each condition of the Resolution has been satisfied.
3. I attach hereto to this affidavit copies of any outside agency approvals from outside governmental agencies having jurisdiction over my development application.
4. I understand that issuance of any building and/or construction permits, pursuant to the Board's Resolution of Approval, are also being issued by the Borough of Metuchen in reliance upon this Affidavit.

I certify that if any of the foregoing statements made be me are willfully false, I am subject to punishment. I am also aware that if any of the foregoing statements made by me are false, the Borough of Metuchen, through its duly appointed representative, may direct the issuance of a stop work order.

Applicant's Signature

Owner's Signature (if different than Applicant)

Sworn to before me this _____

day of _____, 20_____