

## Township of Roxbury

Municipal Building  
1715 Route 46  
Ledgewood, NJ 07852  
Phone: 973-448-2008; Fax: 973-448-8960  
Email: [wissg@roxburynj.us](mailto:wissg@roxburynj.us) or [tardived@roxburynj.us](mailto:tardived@roxburynj.us)

**ZONING BOARD OF ADJUSTMENT MEETINGS ARE TYPICALLY HELD THE 2<sup>nd</sup> MONDAY OF THE MONTH AT 7:00 P.M. IN THE COUNCIL ROOM OF THE MUNICIPAL BUILDING**

To administratively process your application you need to provide the Zoning Board Secretary with:

1. 16 copies of the Zoning Permit denial letter signed by the Zoning Officer.
2. 16 copies of the signed and completed 3 page Land Development Application form & any other pertinent information for the Board.
3. 6 sets of plans including existing and proposed floor plans and building elevations with dimensions
4. 6 copies of survey or plot plan indicating dwelling and accessory buildings (pools, sheds, fence, etc.) dimensions, setbacks, septic & well locations, driveway dimensions & location.
5. 16 copies of Tax Map showing property location.
6. The application fee to go before the Zoning Board for a hearing is \$\_\_\_\_\_. This must be paid by cash or check.
7. An escrow of \$\_\_\_\_\_ must be paid by cash or check. This is for any professional fees incurred as a result of your application.
8. One copy of the Certification from the Tax Collector that taxes and assessments are current on the property. (See attached form)
9. One copy of the 200 foot list received from the Tax Assessor (cost \$10.00)
10. Application to Morris County if necessary.

**Your application will be reviewed for administrative completeness and you will be notified by mail if any other information including additional or revised plans are required. If the application is deemed complete, you will be given a hearing date and forms and instructions for legal notice. If you have any questions, please do not hesitate to call or email us.**

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**ZONING BOARD OF ADJUSTMENT  
LAND DEVELOPMENT APPLICATION**

**1. APPLICANT**

**ZBA #** \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

**2. SUBJECT PROPERTY**

Location/Address: \_\_\_\_\_

Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ Zone District \_\_\_\_\_

**3. DIRECTIONS TO PROPERTY FROM ROUTE 80:**

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

**4. APPLICATION**

- Appeal for decision of Administrative Officer (N.J.S.A. 40:55D-70a)
- Interpretation of Zoning Map, Ordinance or Special Question (N.J.S.A. 40-55D-70b)
- Variance Relief – Bulk Area (N.J.S.A. 40:55D-70c)
  - Residential Single family     Residential multi-family     Non-residential
- Variance Relief - Use (N.J.S.A. 40:55D-70d)
  - Residential Single family     Residential multi-family     Non-residential
- Conditional Use Permit (N.J.S.A. 40:55D-70c)
- Construction on Unimproved Road (N.J.S.A. 40:55D-36).
- Subdivision Application     Minor     Preliminary Major     Final Major
- Site Plan Application     Minor     Preliminary Major     Final Major
- Other \_\_\_\_\_

Section(s) of Ordinance from which a variance is requested (attach pages if necessary):

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

Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use(s) of the premises (attach pages as needed):

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

Explain the reasons why the Board should grant the relief requested and the specific facts upon which the reasons are based (attach pages as needed):

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Explain how approval can be granted without substantial detriment to the public good or impairment of the intent & purpose of the Township zoning regulations (attach pages as needed):

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Corporate Applicant: If the Applicant is a corporation, the Applicant is to list all persons owning 10% or more of the stock in the corporation in compliance with N.J.S.A. 40:55D-48.2

Name	Address	Interest
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Applicant's Professionals: If applicable, provide contact information.

Attorney's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Engineer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Planner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Was this Property the subject of a previous application?  Yes  No.

Planning Board  Zoning Board of Adjustment

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Action: \_\_\_\_\_

If yes, attach a copy of all previous resolutions affecting the property.

Sewage Disposal:  public  private Water source:  well  public

Proof of payment of property tax and assessment is submitted  Yes  No

**APPLICANT'S CERTIFICATION:**

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership.

In the event the Board of Adjustment is unable to have a duly constituted quorum on the date the application is to be heard, the applicant does hereby consent to extend the time in which the Board has to act until the next regularly scheduled meeting at which a quorum is present.

I understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account in accordance with Chapter 13-2.406 of the Code of the Township of Roxbury. 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 review of submitted materials regardless of the outcome of the application. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the additional amount and shall add that sum to the escrow account within fifteen (15) days.

I hereby authorize members of the Zoning Board of Adjustment and their staff to conduct a site visit of the premises which are the subject of this application.

(If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

\_\_\_\_\_  
(Date) (Signature of Applicant) (Print name)

Application Fee paid\_\_\_\_\_ Escrow paid\_\_\_\_\_

**AUTHORIZATION BY OWNER OF PROPERTY AUTHORIZING NON-OWNER TO MAKE THIS APPLICATION**

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized\_\_\_\_\_, the applicant, to make this application and that I agree to be bound by this application, the representations made and the decision in the same manner as if I were the applicant. I further certify that I am the individual Owner or that I am an Officer of the Corporate Owner and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership Owner.

\_\_\_\_\_  
(Signature of Owner) Address\_\_\_\_\_

Phone\_\_\_\_\_ Fax\_\_\_\_\_

email\_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

**Township of Roxbury**

Municipal Building  
1715 Route 46  
Ledgewood, NJ 07852  
Tax Collector /Utility Office  
Phone: 973-448-2022; Fax: 973-448-0864

Date\_\_\_\_\_

To Whom It May Concern:

Regarding tax block\_\_\_\_\_, lot\_\_\_\_\_, located at  
\_\_\_\_\_, and owned by

\_\_\_\_\_

Taxes paid through\_\_\_\_\_

Sewer Utility paid through\_\_\_\_\_

Water Utility paid through\_\_\_\_\_

Assessments for improvements paid through\_\_\_\_\_

\_\_\_\_\_  
Tax & Utility Dept.