

## **LAKWOOD TOWNSHIP PLANNING BOARD PROCEDURES FOR A CHANGE OF USE/SITE PLAN EXEMPTION**

***Please refer to the attached calendar for approximate submission dates and Board meeting dates for the current year.***

- This application package consists of the following:
  - 1-page Application form
  - \$250 Application fee + \$50 Notice of Determination fee = \$300 application fee check
  - \$1,900 Escrow fee (if application requires Board action)
  - Escrow agreement form (if application requires Board action)
  - Checklist (if application requires Board action)
  - Affidavit of Ownership form
  - Certificate of Ownership of Applicant form
  - W-9 form, including birthdate noted on the bottom for any individual applicant (if application requires Board action)
  - Request for Certified List of owners within 200 feet (if application requires Board action)

*\*Site additions of less than 1,500 sf that do not create any variances are generally exempt from Site Plan requirements. For these applications, the Board Administrator will review the submission and issue a letter confirming the same, if applicable, which can be provided as necessary when submitting for building permits. If exemption is anticipated, only submission to the Board Administrator is required as outlined below, and no submissions to the Board Engineer or other agencies are required.*

### **SUBMISSION PROCEDURE**

- The following documents shall be mailed and emailed (as PDF's) to the Planning Board office:
  - 2 copies of the application package, as detailed above
  - 3 copies of subdivision or site plans (one will be sent from this office to the Fire District for their review)
  - 2 copies of the property survey
  - 2 copies of drainage calculations, environmental impact statements, traffic studies, etc., if applicable
  - 2 copies of architectural floor plans and elevations, if applicable
- Additional copies of the initial submission shall be mailed as follows:
  - A copy of the plans and 2-page application form to:
    - Craig Theibault, Shade Tree Commission, 1253 Ridge Ave, Lakewood, NJ 08701
- Upon receipt of the submission package, an administrative review and checklist compliance review letter will be prepared by the Planning Board office addressed to the applicants' engineer.

- Any outstanding administrative items are to be addressed and submitted, along with any plan revisions, as detailed in the letter.
- Upon review of the revised plans and data, the Planning Board Secretary will issue a letter to the project engineer with the Plan Review Meeting date. *All tech meetings shall be held virtually until further notice.*

#### **PLAN REVIEW AND PUBLIC HEARING PROCEDURE**

- Instructions for joining virtual meetings will be provided by the Board Secretary via email. Plan Review meetings are generally held in the afternoon of the date listed on the calendar, and are attended by the Applicant's and Board's Professionals. Plan Review meetings are not open to the public.
- At the Plan Review meeting, the applicant will be directed to make revisions to the plans and submitted documents as per the Board Engineer's initial review letter. All revisions shall be submitted via mail *and email* to the Board Secretary (1 copy) as well as to the Board Engineer (1 copy).
- Scheduling of the Public Hearing will occur after the Board Engineer has found all submitted documents to be acceptable for Board action. Should the revised plans not provide sufficient information, additional revisions may be required.
- For those projects requiring public notice, the following information shall be submitted to the Planning Board office via mail *and email* by the Thursday prior to the Public Hearing:
  - A copy of the notice provided to the public
  - Copies of certified mail receipts
  - Executed affidavit indicating proof of service of notice
  - Executed affidavit of publication from one of the following newspapers:
    - Asbury Park Press
    - Star Ledger

If you have any questions, please call Ally Morris at (732) 364-2500 ext. 5238 or email [amorris@lakewoodnj.gov](mailto:amorris@lakewoodnj.gov)

# 2024 LAKEWOOD TOWNSHIP PLANNING BOARD SCHEDULE

Plan Review meetings are scheduled on a rolling basis after a complete submission package is received by the Board Administrator. **Afternoon Plan Review** meetings are held virtually, generally once a month on Tuesdays. Anticipated meeting dates for 2024 are:

1/16/24	4/16/24	7/16/24	10/15/24
2/13/24	5/14/24	8/13/24	11/19/24
3/19/24	6/11/24	9/17/24	12/10/24

As per the direction of the Board, the selection of a public hearing date for a project will be made **after** the Plan Review meeting and **after** the Board Engineer has deemed the revised submission documents complete for purposes of a public hearing.

**Public Hearing scheduling is largely dependent upon the timely submission of well-completed plans that address all comments from Board Engineer’s first review letter and any comments from the Plan Review meeting.** 6:00 Public Hearings are held in-person at 231 Third Street, generally twice a month on Tuesdays.

## Advertised Public Hearing dates for 2024

<b>1/9/24</b>	<b>7/9/24</b>
<b>1/23/24</b>	<b>7/23/24</b>
<b>2/6/24</b>	<b>8/6/24</b>
<b>2/20/24</b>	-
<b>3/12/24</b>	<b>9/10/24</b>
<b>3/26/24</b>	<b>9/24/24</b>
<b>4/9/24</b>	<b>10/8/24</b>
-	-
<b>5/7/24</b>	<b>11/12/24</b>
<b>5/14/24</b>	<b>11/26/24</b>
-	<b>12/3/24</b>
<b>6/18/24</b>	<b>12/17/24</b>

**LAKWOOD TOWNSHIP**  
**SITE PLAN EXEMPTION APPLICATION**

1. **APPLICANT'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**EMAIL ADDRESS** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

2. **OWNER'S NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

3. **ATTORNEY NAME & ADDRESS** \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

4. **ENGINEER NAME & ADDRESS** \_\_\_\_\_  
**PHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

5. **SITE LOCATION** \_\_\_\_\_  
**BLOCK** \_\_\_\_\_ **LOT** \_\_\_\_\_  
**LOCATION OF NEAREST INTERSECTION** \_\_\_\_\_

6. **BRIEF NARRATIVE OF PROPOSED PROJECT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **PRESENT USE** \_\_\_\_\_

8. **PROPOSED USE** \_\_\_\_\_

9. **PARKING REQUIREMENT**

**HOUSE OF WORSHIP & RELIGIOUS FACILITIES**  
(SF Sanctuary \_\_\_\_\_ see section 18-905.B)

**PUBLIC & PRIVATE SCHOOLS**  
(Classroom \_\_\_\_\_ Office \_\_\_\_\_ see section 18-906.B)

**SPACES REQUIRED** \_\_\_\_\_ **SPACES PROPOSED** \_\_\_\_\_

10. ZONING DATA	ZONE	
PARAMETER	<u>REQUIRED</u>	<u>PROVIDED</u>
LOT AREA	_____	_____
LOT WIDTH	_____	_____
FRONT YARD	_____	_____
SIDE YARD(ONE/BOTH)	_____	_____
REAR YARD	_____	_____
MAX.BLDG. HEIGHT	_____	_____
MAX. BLDG.COVERAGE	_____	_____

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**A - ADMINISTRATIVE DATA**

	<b><u>PREPARER</u></b>	<b><u>P.B.</u></b>
1. APPLICATION FEE		
2. ESCROW FEE		
3. CHANGE OF USE APPLICATION		
4. REAL ESTATE AFFIDAVIT		
5. AFFIDAVIT OF OWNERSHIP		
6. CERTIFICATE OF OWNERSHIP BY APPLICANT		
7. W-9 FORM		
8. ESCROW AGREEMENT		
9. CHECKLIST FOR CHANGE OF USE SITE PLAN		
10. FLOOR PLAN		

**B - GENERAL DATA**

	<b><u>PREPARER</u></b>	<b><u>P.B.</u></b>
1. PLANS TO A SCALE OF NOT LESS THAN 1" = 50 FEET		
2. PLANS SHALL BE PREPARED BY AN ARCHITECT, ENGINEER, OR LAND SURVEYOR		
3. BEARING & DISTANCE IN FEET OF OUTBOUND		
4. KEY MAP SHOWING LOCATION OF TRACT		
5. TITLE BLOCK CONTAINING NAME OF PREPARER, LOT & BLOCK #'S, TAX MAP SHEET #, DATE PREPARED, & DATE OF ALL REVISIONS		
6. NORTH ARROW		
7. SIGNATURE BLOCK		
8. ADJACENT BLOCK, LOTS & OWNERS		
9. ZONING DISTRICT OF PARCEL, SCHEDULE OF REQUIRE- MENTS REQUIRED VS. PROPOSED * A NOTATION SHOULD BE PLACED ON ALL VARIANCE REQUESTS		
10. MINIMUM BUILDING SETBACK LINES		

# CHANGE OF USE SITE PLAN CHECKLIST

	<u>PREPARER</u>	<u>P.B.</u>
11. GENERAL NOTES INDICATING THE FOLLOWING:		
⇒ PREMISES KNOWN & DESIGNATED AS		
⇒ NAME & ADDRESS OF OWNER & APPLICANT		
⇒ AREA OF ENTIRE TRACT		
⇒ EXISTING USE		
⇒ PROPOSED USE		
⇒ METHOD OF WATER & SEWER SERVICE		
⇒ EFFECTS OF PROPOSED IMPROVEMENTS TO EXISTING ON / OFF SITE STORMWATER FACILITIES		
⇒ METHOD OF REFUSE REMOVAL, i.e. PRIVATE CARRIER, MUNICIPAL, CONTAINER TYPE, i.e. DUMPSTER, ROBO CANS, ETC.		
⇒ STATEMENT REGARDING ANY GRADING REQ'D		
⇒ BRIEF NARRATIVE OF PROPOSED PROJECT		
12. ENVIRONMENTAL CONCERNS, i.e. WETLANDS, ETC.		
13 EXISTING WOODS LINE & PROPOSED LIMIT OF CLEAR		

## C - MAPPING/TECHNICAL DATA

	<u>PREPARER</u>	<u>P.B.</u>
1. LOCATION OF BUFFERS		
2. BUS DROP OFF/PICK UP		
3. CIRCULATION		
4. PARKING AREAS, DIMENSIONS OF STALLS, AISLES, HANDICAP SPACES, SURFACE i.e. GRAVEL, PAVEMENT, ETC.		
5. PARKING TABULATION, NUMBER OF SPACES REQUIRED VS. PROPOSED		
6. LOCATION OF SIGNS (DETAILS IF REQUIRED)		
7. LOCATION OF PLAYGROUND/ACTIVITY AREA (DETAILS IF REQUIRED)		
8. LOCATION OF ALL STRUCTURES & MAN MADE FEATURES ON SITE		
9. LOCATION OF EXISTING/PROPOSED TRAILERS		
10. LOCATION OF PROPOSED/EXISTING WALKWAYS		
11. FOR HOUSE OF WORSHIP SITE PLANS (SEE SECTION 18-905 FOR INFORMATION REQUIRED)		
12. FOR PUBLIC & PRIVATE SCHOOLS (SEE SECTION 18-906 FOR INFORMATION REQUIERD)		
13. LANDSCAPE & LIGHTING		

# CHANGE OF USE SITE PLAN CHECKLIST

	<u>PREPARER</u>	<u>P.B.</u>
14. TOPOGRAPHY & PROPOSED GRADING		
15. LOCATION OF DUMPSTERS, ETC.		

APPLICATION FEE = \$250.00  
ESCROW FEE = \$1,900.00

CHECKLIST PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP**

STATE OF NEW JERSEY  
COUNTY OF \_\_\_\_\_ } ss.

\_\_\_\_\_ of full age, being duly sworn according to law on oath deposes and says, that the deponent resides at

\_\_\_\_\_ in the municipality of \_\_\_\_\_

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_;

that \_\_\_\_\_ is the owner in fee of all that certain lot, piece or parcel of land situated, lying, and being in the municipality aforesaid, and known and designated as

Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

\_\_\_\_\_  
(Owner to Sign Here)

Sworn to and subscribed,  
before me, this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
A Notary Public of New Jersey

**AUTHORIZATION**

(If anyone other than above owner is making this application, the following authorization must be executed.)

TO THE PLANNING BOARD

\_\_\_\_\_ is hereby authorized to make the within application.

Dated: \_\_\_\_\_ 20\_\_ \_\_\_\_\_  
(Owner to Sign Here)



**CERTIFICATE OF OWNERSHIP OF APPLICANT**  
**AS REQUIRED BY NEW JERSEY LAW**  
**(P.L. 1977, CHAPTER 336)**

Listed below are names and addresses of all owners of 10% or more of the stock/interest\* in the undersigned applicant corporation/partnership.

<u>NAME</u>	<u>ADDRESS</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Please check the appropriate box:**

CORPORATION OF N.J.	_____
PARTNERSHIP	_____
LLC OF NEW JERSEY	_____
OTHER	_____

\* Where corporation/partnerships owns 10% or more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names and addresses of the non-corporate stockholders/individuals partners exceeding the 10% ownership criterion have been listed.

\_\_\_\_\_  
**Signature of Officer/Partner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Applicant Corporation/Partnership**

# REAL ESTATE AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF OCEAN

RE: BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

TYPE OF APPLICATION: \_\_\_\_\_

Pursuant to the Revised General Ordinance of the Township of Lakewood, Chapter 2, Section 15A10, the applicant and/or owner of the aforesaid properties must show proof that all outstanding real estate taxes are current on the aforementioned properties.

Pursuant to the Township of Lakewood regulations, the Tax Collector's Office for the Township of Lakewood, certifies that all real estate taxes assessed against the above-mentioned properties are: **CURRENT:** \_\_\_\_\_

**NOT CURRENT:** \_\_\_\_\_ Taxes are open for \_\_\_\_\_ year-quarters \_\_\_\_\_

Outside Tax Liens: \_\_\_\_\_, subject to Tax Sale: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

The Collector's Office further certifies that the tax records of the Township of Lakewood reflect that the above-mentioned properties are not subject to any municipal tax liens as of this date.

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

\_\_\_\_\_  
Tax Collector's Office Certification  
Signature of person attending  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	email address: _____
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

### 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends or interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# ESCROW AGREEMENT

I understand that the sum of \$\_\_\_\_\_ has been deposited in an escrow account. In accordance with the Ordinances of the Township of Lakewood, 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. Sums not utilized in the review process shall be returned. Upon notification by the Board Secretary, if additional sums are deemed necessary, I understand that I shall add that sum to the escrow account within fifteen (15) days of the receipt of request.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Please provide the name, address and telephone number of a contact person who will be notified if additional escrow is necessary.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS\*\*\*

***\*\*\*this is required by the Township in order to return excess escrow funds after project completion***