

# **TOWNSHIP OF BERNARDS**

## **2024 PLANNING BOARD APPLICATION**

Please contact Board Secretary, Cyndi Kiefer, with any questions  
Tel: 908-204-3026 Email: [ckiefer@bernards.org](mailto:ckiefer@bernards.org)

### **INSTRUCTIONS**

#### **STEP 1 – Submit the Application**

- Submit (4) fully collated application packets following the appropriate checklist(s).
  - At the top of each form, the TOTAL number of copies is noted. This initial submission should include ALL forms including those that state "Original + 2 copies".
  - Each packet should have (1) copy of the application, (1) copy of Form A, (1) copy of Form B, etc. A copy of the checklist(s) must be included in each packet.
- Once the application has been reviewed, you will receive a letter with further instructions and a completeness hearing date.

#### **STEP 2 - Public Notice**

(after you receive written notification confirming your hearing date and additional materials required to be submitted)

- Send a draft of your notice to the Board Secretary for review BEFORE YOU SERVE/PUBLISH NOTICE
- Serve notice (Form E) by certified mail or personal service to all property owners listed on the certified list provided by the Tax Assessor at least 10 days prior to the hearing.
- Publish notice (Form E) in the Bernardsville News at least 10 days prior to the hearing.
- Submit Affidavit of Proof of Service (Form I) to the Board Secretary at least five (5) working days before the hearing with:
  - Original certified mail receipts if notices were mailed
  - List of dated original signatures if notices were personally served

#### **STEP 3 – The Hearing**

- Be prepared to discuss the application and memos submitted to you by the Board's professionals
- Once all testimony has concluded, the Board will render its decision
- A resolution memorializing this decision will be voted on at a subsequent hearing and a copy will be sent to you. Once you have fulfilled all the conditions of the resolution, you may apply for your construction/zoning permit.

#### **ADDITIONAL INFORMATION:** (refer to website)

- Schedule 1 – Application Fees, Escrow & Digital Imaging Fees
- Table 901 – Application Fee and Escrow Deposit Schedule
- Table 501 – Residential Zone Standards

## 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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 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>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b> 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. <b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<b>Social security number</b> [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ] <b>or</b> <b>Employer identification number</b> [ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ]
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<b>Part II Certification</b> 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. <b>Certification instructions.</b> 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 3.	<b>Sign Here</b> Signature of U.S. person ▶ _____ Date ▶ _____
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### 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-INT (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? on page 2.*

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# TOWNSHIP OF BERNARDS

## 2024 PLANNING BOARD APPLICATION

☐ Minor Subdivision  
☐ Major Subdivision - Preliminary  
☐ Major Subdivision - Final  
☐ Conditional Use

☐ Site Plan - Preliminary  
☐ Site Plan - Final  
☐ Informal Review  
☐ Other (specify): \_\_\_\_\_

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**1. APPLICANT:** \_\_\_\_\_

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

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email (*will be used for official notifications*): \_\_\_\_\_

**2. OWNER** (*if different from applicant*): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email (*will be used for official notifications*): \_\_\_\_\_

**3. ATTORNEY:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email (*will be used for official notifications*): \_\_\_\_\_

**4. OTHER PROFESSIONALS** (*Engineer, Architect, etc. Attach additional sheet if necessary*):

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

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

Phone: \_\_\_\_\_ Email (*will be used for official notifications*): \_\_\_\_\_

**5. PROPERTY INFORMATION:** Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Total Area (*square feet/acres*): \_\_\_\_\_

**6. ARE THERE ANY PENDING OR PRIOR PLANNING BOARD OR BOARD OF ADJUSTMENT APPLICATIONS INVOLVING THE PROPERTY?** ☐ No ☐ Yes (*if yes, explain or attach Board resolution*) \_\_\_\_\_

**7. ARE THERE CURRENTLY ANY VIOLATIONS OF THE ZONING ORDINANCE INVOLVING THE PROPERTY?** ☐ No ☐ Yes (*if yes, explain*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. ARE THERE ANY DEED RESTRICTIONS OR EASEMENTS AFFECTING THE PROPERTY?**

☐ No ☐ Yes (*if yes, explain and attach copy*) \_\_\_\_\_

**9. DESCRIPTION OF THE EXISTING PROPERTY AND THE PROPOSAL/REQUEST:** \_\_\_\_\_

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

**10. DESCRIPTION OF REQUESTED VARIANCES OR EXCEPTIONS** (*include Ordinance section no.*):

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

**11. THE FOLLOWING ARGUMENTS ARE MADE IN SUPPORT OF THE APPLICATION:** \_\_\_\_\_

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

**12. NOTARIZED SIGNATURES** (*ALL APPLICANTS AND OWNERS MUST SIGN*):

**APPLICANT(S) SIGN HERE:**

I/we, \_\_\_\_\_ and \_\_\_\_\_ hereby depose and say that all of the above statements and the statements contained in the materials submitted herewith are true and correct.

Signature of Applicant(s): \_\_\_\_\_ and \_\_\_\_\_

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

\_\_\_\_\_  
Notary

**OWNER(S) SIGN HERE** (**IF APPLICANT IS NOT THE OWNER**):

If the application is made by a person or entity other than the property owner, or by less than all of the property owners, then the property owner or the additional owners must complete the following:

I/we, \_\_\_\_\_ the owner(s) of the property described in this application,

hereby authorize \_\_\_\_\_ to act as my/our agent for purposes of making and prosecuting this application and I/we hereby consent to the variance relief (if any) granted and all conditions of approval thereof.

Signature of owner(s): \_\_\_\_\_

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

\_\_\_\_\_  
Notary

SUBMIT 21 COPIES TOTAL

FORM A

**TOWNSHIP OF BERNARDS  
PLANNING BOARD / BOARD OF ADJUSTMENT**

**SITE INSPECTION CONSENT FORM**

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

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

I, \_\_\_\_\_, owner of the above property, hereby acknowledge that, upon determination of completeness of the application, a site inspection may be scheduled with the Board for a mutually convenient date and time. I hereby authorize members of the Planning Board/Board of Adjustment and their representatives and consultants to enter onto the property at the time of the site inspection for the purpose of evaluating the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT 21 COPIES TOTAL

FORM B

**STATEMENT OF OWNERSHIP**

Corporate or Partnership

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The following is a list of all shareholders and/or partners owning beneficially or having registered in their names not less than ten percent (10%) of the stock of the corporation or interest in a partnership involved in an application hereinabove referred to:

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing is true:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMIT ORIGINAL LIST + 2 COPIES

FORM C

FORM TO BE SENT TO TAX ASSESSOR, 1 COLLYER LANE,  
BASKING RIDGE, NEW JERSEY, 07920 (908) 204-3082  
TO REQUEST 200 FOOT PROPERTY SEARCH.  
INCLUDE A CHECK FOR \$10.00. SEARCH WILL BE MAILED TO YOU WHEN IT  
IS COMPLETED.

**200 FOOT PROPERTY SEARCH**

BLOCK \_\_\_\_\_, LOT \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAIL PROPERTY SEARCH TO: \_\_\_\_\_

\_\_\_\_\_

**SUBMIT ORIGINAL + 2 COPIES**

FORM TO BE SENT TO TAX COLLECTOR, ONE COLLYER LANE,  
BASKING RIDGE, NEW JERSEY, 07920 (908) 204-3078  
FOR CERTIFICATION OF CURRENT PROPERTY TAX PAYMENTS. CERTIFICATION WILL  
BE MAILED TO YOU WHEN IT IS COMPLETED.  
DO NOT SUBMIT APPLICATION WITHOUT PROOF OF TAXES PAID.

**CERTIFICATION OF CURRENT PROPERTY TAX PAYMENTS**

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

ASSESSED TO: \_\_\_\_\_

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

REQUESTED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAIL CERTIFICATION TO: \_\_\_\_\_

\_\_\_\_\_

.....  
I CERTIFY THAT THE PROPERTY TAXES ARE CURRENT, PAID THROUGH  
\_\_\_\_\_.

\_\_\_\_\_  
KEVIN SANT'ANGELO,  
TAX COLLECTOR



**SUBMIT ORIGINAL DRAFT + 2 COPIES WITH APPLICATION**

Notice to be published in the Bernardsville News via email to: [legals@recordernewspapers.com](mailto:legals@recordernewspapers.com) in "Word" format (*available from the Board Secretary*) ***and*** served to owners indicated on 200-foot property search both a minimum of 10 days prior to the hearing date.

**TOWNSHIP OF BERNARDS**

**PLANNING BOARD**

**NOTICE OF HEARING ON APPEAL OR APPLICATION**

PLEASE TAKE NOTICE:

That the undersigned has filed an appeal or application for development with the Planning Board of the Township of Bernards for a **Type of Application and any variances, exceptions, waivers, etc.** and any other variances or relief the Board may deem necessary, on the premises located at **Address of subject property** and designated as Block **1234567**, Lot **1234567**, on the Township Tax Map, and this notice is sent to you as an owner of property in the immediate vicinity.

A public hearing has been set for **Month, day, year**, at 7:30 p.m. or as soon thereafter as the matter may be reached, in the Municipal Building, 1 Collyer Lane, Basking Ridge, New Jersey, and, when the case is called, you may appear either in person, or by Attorney, and present any objections which you may have to granting of the relief sought in the petition.

The application and maps in support thereof are on file in the office of the Secretary, Planning Offices located at 277 South Maple Avenue, Monday through Friday, 8:30 AM to 4:30 PM and are available for inspection. If at all possible, call to make an appointment at (908) 204-3026.

The applicant, by order of the Planning Board, sends this notice to you.

Respectfully,

**YOUR NAME**

**ADDENDUM TO THE BERNARDS TOWNSHIP  
PLANNING BOARD APPLICATION**

**APPROVALS REQUIRED BY LOCAL, COUNTY,  
STATE AND OTHER AGENCIES**

PERMITS	APPLICABLE	N/A	PENDING	RECEIVED
Somerset County Planning Bd.***				
Somerset County Road Opening Permit				
Bernards Sewerage Authority				
NJDEP:				
a) Stream encroachment				
b) Filing Floodplain				
c) Other				
Army Corp of Engineers:				
a) Section 404				
b) Other				
NJDOT:				
a) Road opening permit				
b) Drainage permit				

**\*\*\* All applications for subdivision or site plan, whether Preliminary, Final, Minor or Major, must be submitted to Somerset County Planning Board by the applicant and proof of submittal must be received by Bernards Township prior to the scheduling of the application for the first hearing before the Bernards Township Planning Board.**

\_\_\_\_\_  
**Applicant's Engineer**

\_\_\_\_\_  
**PE Number**

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

**TOWNSHIP OF BERNARDS  
APPLICATION FOR TREE REMOVAL PERMIT**

**DATE:** \_\_\_\_\_

1. Name and address of the owner of the premises and status of legal entity (individual, partnership, corporation of this or any other state, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Status of the applicant with respect to land (owner, lessee, tenant, purchaser, under contract, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name and address of the applicant for the permit if other than the owner (attach owner's written consent) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Description of the premises where tree removal is to take place, including lot and block numbers and street address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. A list of all trees to be removed with a DBH equal to or greater than six inches identified by size and species, including total number of each species to be removed (attach separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Purpose for tree removal (construction, street or roadway, driveway, utility easement, recreation areas, patio, parking lot, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Proof that there are no delinquent property taxes or assessments due on the property for which the application is submitted (attach certification from tax collector).

8. Trees that had been removed within the past two years \_\_\_\_\_  
\_\_\_\_\_

**TOWNSHIP OF BERNARDS  
PLANNING BOARD/ZONING BOARD OF ADJUSTMENT**

**CONTRIBUTION DISCLOSURE STATEMENT**

**Contribution Disclosure Statement Required.** Pursuant to Bernards Township Ordinance Section 21-7A (Ordinance #1745, adopted October 26, 2004), Contribution Disclosure Statements are required for certain types of development applications that include a request for a variance or other relief. When required, a Contribution Disclosure Statement must be submitted by all applicants and property owners, as well as all professionals who apply for or provide testimony, plans or reports in support of the application. See Section 21-7A for details.

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

Pursuant to Bernards Township Ordinance Section 21-7A, I hereby certify that I, or the firm or entity with which I am associated, made the following contributions to or on behalf of a candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committee of, or pertaining to, the Township of Bernards, within one year prior to the filing of the above application.

☐ I made no contributions.

☐ I made the following contributions:

Date: _____	Amount: _____	Recipient: _____
Date: _____	Amount: _____	Recipient: _____
Date: _____	Amount: _____	Recipient: _____
Date: _____	Amount: _____	Recipient: _____

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_

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

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

FORM TO BE SUBMITTED TO BOARD SECRETARY ALONG  
WITH GREEN AND WHITE POSTAL CERTIFIED MAIL  
RECEIPTS AFTER APPLICANT HAS SERVED NOTICE

**AFFIDAVIT OF SERVICE**

State of New Jersey  
County of Somerset

I, \_\_\_\_\_ of full age, being duly sworn according to law, on his oath deposes and says that he resides at \_\_\_\_\_ in the Township of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_, and that he did on \_\_\_\_\_, 20\_\_, at least ten (10) days prior to the hearing date, give personal notice to all property owners within 200 feet of the property affected by Application No. \_\_\_\_\_ located at \_\_\_\_\_.

Said notice was given either by handing a copy to the property owners, their original signatures appear on the attached copy of the certified list of property owners within 200 feet; or by sending said notice by certified mail, the original registered receipts are attached hereto.

Notice was also served upon: (check if applicable)

\_\_\_\_ Clerk of the Municipality of \_\_\_\_\_  
\_\_\_\_ County Planning Board  
\_\_\_\_ Director of Division of State & Regional Planning  
\_\_\_\_ Department of Transportation  
\_\_\_\_ Registered Utility Companies

A copy of said notice is attached hereto.

Notice was also published in one of the official newspapers of the municipality as required by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary