

**GENERAL LAND USE APPLICATION**

1. Applicant's Name:	
Contact Person:	
Address:	
Telephone:	
Email:	
Relationship to Owner:	

2. Property Address:	
Development Name:	
Zoning District:	
Tax Map Page:	
Block:	
Lot(s)	

3. Property Owner:	
Contact Person:	
Address:	
Telephone:	
Email:	

4. Name of Attorney	
Firm:	
Address:	
Telephone:	
Email:	

5. Name of Engineer:	
Firm:	
Address:	
Telephone:	
Email:	

6. Name of Architect:	
Firm:	
Address:	
Telephone:	
Email:	

7. Application Type:

(Check all applicable - a completed Checklist is required for each)

<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Certificate of Nonconformity Request
<input type="checkbox"/>	Conceptual/Informal Review
<input type="checkbox"/>	Extension of Prior Approvals
<input type="checkbox"/>	Home Occupation Permit
<input type="checkbox"/>	Interpretation of the Zoning Map or Ordinance
<input type="checkbox"/>	Site Plan – Preliminary Major, Residential. No. of Units proposed: _____
<input type="checkbox"/>	Site Plan – Final Major, Residential. No. of Units proposed: _____
<input type="checkbox"/>	Site Plan – Preliminary Major, Non-Residential. Total GFA proposed: _____
<input type="checkbox"/>	Site Plan – Final Major, Non-Residential. Total GFA proposed: _____
<input type="checkbox"/>	Site Plan – Minor Site Plan
<input type="checkbox"/>	Site Plan – Administrative Site Plan Review (<input type="checkbox"/> check if related to a pool or sports court)
<input type="checkbox"/>	Site Plan – Waiver of Site Plan
<input type="checkbox"/>	Subdivision – Preliminary Major. Total No. of Lots proposed: _____
<input type="checkbox"/>	Subdivision – Final Major. Total No. of Lots proposed: _____
<input type="checkbox"/>	Subdivision – Minor. Total No. of Lots proposed: _____
<input type="checkbox"/>	Variances – Residential Bulk. No. of Bulk Variances: _____
<input type="checkbox"/>	Variances – Residential ‘D’. No. of ‘D’ Variances: _____ No. of Units: _____
<input type="checkbox"/>	Variances – Non-Residential ‘D’. No. of ‘D’ Variances: _____ Total GFA: _____
<input type="checkbox"/>	Other _____

* Check all applicable and submit appropriate Checklist for each application type

8. Is the property served by public sewer or septic system? ☐9. Is the property served by public water system or private well? ☐10. Has there been a previous appeal or approval for this property? ☐If so, please describe: ☐11. Provide a brief history of the site, its location and description of current use(s) of property: ☐

12. Provide written narrative of proposal, be specific (include proposed development, use and/or	
description of operations:	

Copies of any applicable Checklists and the required submission items, including administrative forms, fees and digital copies, must be provided as one comprehensive submission at time of filing.

I have reviewed the By-Laws of the Planning and Zoning Boards, the general instructions to applicants, the application and accompanying documentation and consent to filing of the same with the Township of Robbinsville Planning Board/Zoning Board. I certify that all statements contained herein, any documents and plans filed herewith are true and correct to the best of my knowledge, information and belief. By signing as the applicant, I also certify that I am an authorized signatory and have full authority this execute this application.

Applicant’s Signature

Date

Applicant’s Name & Title, printed

I do hereby accept the responsibilities as agent for this application (if different from applicant).

Agent’s Signature

Date

Agent’s Name & Title, printed

TOWNSHIP USE ONLY BELOW THIS LINE

Application No:

Fees Paid:

Date Received:

Escrow Paid.

Referred To:

(Planning Board or Zoning Board)



WAIVER/VARIANCE REQUEST FORM

Applicant's Name: _____

Address: _____

Development Name: _____

Township of Robbinsville Tax Block(s): _____, Lot(s): _____

This form is an integral part of any development checklist submitted to the Township of Robbinsville wherein waivers from design standards, waivers from application checklist submission items or variances are requested. All requests should be specific and should reference the relief requested by Ordinance, Codebook Section or Checklist item. This form must be completed for all requested or required waivers/variances and submitted with the application in order for the application to be considered complete.

It is the applicant's or its professionals' responsibility to complete this form in order for proper consideration to be given to the request. Adequate documentation and support data shall be provided with each request in order for the Township to determine the appropriateness of the request. Where technical references or support data are given, the request form shall be signed and sealed by the appropriate professional.

DESIGN WAIVER/VARIANCE REQUEST FORM (CONTINUED)

**Ordinance/Codebook
or Checklist Reference**

**Explanation and Support Data for Submission Waiver,
Design Waiver or Variance Request**



Planning and Zoning Office
2298 Route 33, Robbinsville, NJ 08691
Phone (609) 259-3600 Fax (609) 259-2128

AFFIDAVIT OF OWNERSHIP

State of New Jersey, County of Mercer, SS.:

Owner's name: _____ of full
age, being duly sworn according to law on oath depose(s) and say(s) that he/she/they reside(s)
at _____ in the
Township of _____ in the County of _____
and State of _____ that he/she/they is/are the owner in fee of all
that certain lot, piece or parcel of land situated, lying and being in the Township of Robbinsville,
New Jersey, and known and designated as:

Block(s) _____, Lot (s) _____, also known as (Address):
_____, Robbinsville, New Jersey.

Sworn and subscribed before me this _____ day of _____ 20____.

(Notary)

(Owner's Signature)

(Owner's Name, Title)

AUTHORIZATION

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

To the Planning/Zoning Board:

_____ is hereby authorized to make this application.

Applicant's relationship to Owner: _____

(Owner's Signature)

(Date)

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APPLICANT'S DISCLOSURE STATEMENT
(Corporation or Partnership)

A corporation or partnership applying to the Planning or Zoning Board for:

- a. Subdivision with six (6) or more lots; or
- b. Site Plan for commercial purpose; or
- c. Variance to construct multiple dwelling of twenty-five (25) or more family units; or
- d. Approval of a commercial use

must provide the names and addresses of all persons, stockholders or individual partners owning at least a ten (10) percent interest in the corporation, partnership are as follows:

NAME _____

ADDRESS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

or, See attached ☐



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CONSENT TO ENTRY

The undersigned hereby consents to the entry onto the property known as:

(Address) _____, also known as:

Block _____, Lot(s) _____ on the Tax Map of the

Township of Robbinsville, by the members of the Township of Robbinsville Planning Board or

Zoning Board, consultants and professionals representing the Boards, members of the

Township of Robbinsville Environmental Commission, and other officials of the Township

pertaining to this application, to perform an inspection of the subject property in connection

with the land use application which is submitted herewith for approval by the appropriate

Township Land Use Board.

By signing this consent, I affirm that I have full authority to execute this consent.

(Signature of Owner)

(Date)

(Name, Title - printed)

(Address of Owner)



FEE COMPUTATION SCHEDULE

Applicant: _____ Date: _____

Block: _____ Lot(s): _____

Computed by: _____ Title: _____

Lot Area: _____ Acres = _____ s.f. Parking spaces proposed: _____

Non-Residential ☐ Residential ☐

	<u>Administrative Fees</u>	<u>Escrow Deposit</u>
SUBDIVISION (#of lots _____)		
Minor Subdivision	_____	_____
Preliminary Major	_____	_____
Final Major	_____	_____
SUBTOTAL	\$ _____	\$ _____
SITE PLAN		
Minor	_____	_____
Non-Residential (Gross Floor Area: _____)	_____	_____
Preliminary Major	_____	_____
Final Major	_____	_____
Residential (# of units _____)	_____	_____
Preliminary Major	_____	_____
Final Major	_____	_____
Waiver of Site Plan	_____	_____
Administrative Site Plan Review	_____	_____
Pool and Sports Courts	_____	_____
Other than Pools & Sports Courts	_____	_____
SUBTOTAL	\$ _____	\$ _____
VARIANCES		
Bulk/Hardship (# of bulk variances _____)	_____	_____
Residential	_____	_____
Non-Residential	_____	_____
"D" Variances (# of 'D' variances _____)	_____	_____
Residential	_____	_____
Non-Residential (Gross Floor Area _____) .	_____	_____
SUBTOTAL	\$ _____	\$ _____
OTHER		
Appeals and Interpretations	_____	_____
Certificate of Nonconformity	_____	_____
Conceptual/Informal Review	_____	_____
Design Waiver(s)	_____	_____
Educational Training Fee	30.00	_____
Home Occupation	_____	_____
Publication of Decision Fee	75.00	_____
Signage	_____	_____
Other	_____	_____
SUBTOTAL	\$ _____	\$ _____
TOTAL OF ABOVE	\$ _____ *	\$ _____ *

* Please submit two (2) checks payable to Township of Robbinsville, one for fees and one for escrow.

See §142-84 for Fee Ordinance



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TAX & UTILITY ASSESSMENT CERTIFICATION

Taxes and Utility Assessments must be certified as current when filing a General Land Use application and at time of hearing.

Include all affected lots.

Block _____, Lot _____

Block _____, Lot _____

Block _____, Lot _____

Block _____, Lot _____

Property Address: _____

Owner's Name: _____

Applicant's Name: _____

FOR TAX OFFICE USE ONLY:

☐ Taxes are Current

☐ Taxes are Delinquent

☐ No Sewer Connection

☐ Sewer is Current

☐ Sewer is Delinquent

Taxes for the next quarter are due _____.
(Date)

CERTIFIED THAT TAXES AND UTILITY ASSESSMENTS HAVE BEEN PAID AND ARE CURRENT BY:

Office of the Tax Collector

Date



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ESCROW AGREEMENT

This agreement made this _____ day of _____ 20 _____ between:

NAME: _____

ADDRESS: _____

TYPE OF APPLICATION: _____ BLOCK _____ LOT _____

Hereinafter called "Applicant"

and:

The Township of Robbinsville, in the County of Mercer, a municipal corporation of the State of New Jersey; Hereinafter called "Township"

WITNESSETH:

THAT the Applicant has submitted a development application to the Township's Planning Board/Zoning Board for consideration in accordance with the New Jersey Municipal Land Use Law and the Township of Robbinsville Land Use and Development Ordinance and Applicant hereby covenants and agrees as follows:

1. Applicant agrees to pay all costs related to the Township's review and administration of the proposed application with said costs including but not limited to:
 - A. Conceptual review by the Technical Review Committee (TRC), Planning Board Work session, which entails professional consultant services as may be required by the Township;
 - B. Full application professional review by the Township's TRC and Planning Board/Zoning Board, which entails professional consultant costs for: Planner, Engineering, Legal and other extraordinary consultant services as may be required by the Township;
 - C. In house application review of the application by the Township's Department of Health and any other extraordinary review by any other department, office or municipal employee as may be required by the Township.
 - D. Administration and handling of the application by the Township's Planning Office/Zoning Office and/or Office of the Township Clerk with said costs including but not limited to: secretarial and clerical administrative handling, escrow account bookkeeping, accounts receivable and payable, TRC and Board meeting secretarial/recording services.
 - E. All tax map plotting services required to reflect approved conditions on the official Tax Maps of Robbinsville.

2. Applicant understands and agrees to pay all costs as set forth above from the date of initial application submission through the Township's signature of approved plans which shall include any costs for extensions and revalidations.
3. Applicant understands and agrees to deposit with the Township's Planning Office/Zoning Office an initial application filing fee in accordance with fees and permits section of the Ordinance upon submission of the application.
4. Applicant understands and agrees that the Township will draw down from said deposit to cover costs as set forth in Section 1 above.
5. Applicant understands and agrees to pay WITHIN TEN BUSINESS DAYS of receipt of the Township's statement/billing all additional costs as may be incurred and billed to the applicant by the township relative to the review and administration of the application even if the costs of said review and administration exceed the initial filing fee deposit.
6. Applicant understands and agrees that in the event Applicant fails to pay a billed amount, the Township may discontinue Planning Board/Zoning Board review and consideration on said application or if Planning Board/Zoning Board approval has been previously granted, the Township may deny issuance of a construction permit and/or certificate of occupancy or if permit has been previously issued Township may initiate a Stop Work Order.
7. Township agrees to refund to applicant any sum deposited with Township for review and administration of the application not spent nor needed by the Township.
8. Applicant agrees and understands that it is incumbent on the applicant to periodically monitor the status of said escrow account. Applicant should verify the escrow account balance one week prior to any public hearing. If an escrow account is deficient, the application may not be heard by the Board.
9. Applicant agrees and understands that it is the responsibility of the applicant to pay all escrow charges even if the applicant sells or conveys said property cited above to another party. An applicant may enter into an assignment agreement with any new developer, which would be reviewed by the Township Attorney for approvals.
10. Applicant will complete the attached Escrow Account Contact Information form. Applicant agrees and understands that if there is any change in Applicant/Developer or any change in the Applicant's/Developer's address or contact information, the Applicant is responsible to notify the Township of Robbinsville Finance Department and the Administrative Officer and will amend any necessary documents.

Applicant's Name - Print

Applicant's Signature

Date

Administrative Officer

Date



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Application #: _____
Escrow Account #: _____

ESCROW ACCOUNT CONTACT INFORMATION

Name of Applicant: _____

Project Address: _____

Project Block: _____ Lot(s): _____

Person or firm responsible for receiving and discussing financial/escrow account information (this would include receiving copies of any vouchers/invoices, account statements, requests to replenish the escrow account-per the escrow agreement, etc.):

Name: _____

E-mail address: _____

Address: _____

Phone number: _____

Robbinsville Township will send all escrow documents via email and will request the Board's professionals do the same.

All correspondence concerning escrow accounts shall be directed to the Township of Robbinsville Finance Department. I understand that if there is any change in Applicant/Developer or any change in the Applicant's/Developer's address or contact information, I am responsible to notify the Township of Robbinsville Finance Department and the Administrative Officer and will amend any necessary documents.

By signing this form, I certify that I am an authorized signatory and have full authority to have/grant access to this Developer's escrow account information.

SIGNATURE

DATE

NAME, TITLE

For Dept. Use: ☐ Save to Server
 ☐ Copy to Finance
 ☐ Add to Escrow Sheet

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one 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) ► _____ Note: 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 not 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) ► _____	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.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

Social security number									
				-				-	
or									
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); 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.

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.

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.

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, later.

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*, later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% 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, payments made in settlement of payment card and third party network transactions, 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 instructions for Part II 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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

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

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—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 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester*, later, 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 SSA 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. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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, 4, or 5 below indicates 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 line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations 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*, earlier.

***Note:** The 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, 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft 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. commonwealths and 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.

AFFIDAVIT OF PROOF OF SERVICE

STATE OF NEW JERSEY:

SS

COUNTY OF MERCER:

_____ of full age, being duly sworn according to law, on his/her/their oath depose(s) and say(s) that he/she/they reside(s) at _____ in (Township / Borough / City) of (municipality) _____, County of _____, and State of _____ and that he/she/they did on _____, 20_____, at least ten (10) days prior to hearing date, give personal notice to all property owners within 200 feet of the property affected by application number _____ regarding Block _____, Lot(s) _____, located at _____.

Said notice was given either by handing a copy to the property owner, or by sending said notice by certified mail. Copies of the registered receipts are attached hereto.

[illegible]

Notices were also served upon (check if applicable):

- ☐ 1. The Clerk of Robbinsville Township
- ☐ 2. County Planning Board(s)
- ☐ 3. The Director of the Division of State and Regional Planning
- ☐ 4. The Department of Transportation
- ☐ 5. The Clerk of Adjoining Municipalities

A copy of said notices are attached hereto and marked "a."

Attached to this affidavit and marked "b" is a list of owners of property within 200 feet of the affected property who were served, showing the lot and block numbers of each property as same appear on the municipal tax map, and also a copy of the certified list of such owners prepared by the Administrative Officer of the Municipality, which is marked "c."

Notice was also published in the official newspaper of the municipality as required by law. There is also attached a copy of the proof of publication of notice in the official newspaper of the municipality, which is marked "d."

Applicant's Signature

Applicant's Name

Sworn and subscribed to before me this ____ day of _____, 20____.

Notary Public of New Jersey

- ☐ "Exhibit A-3" Affidavit of Service (this form, signed & notarized)
- ☐ a. copy of Notices provided
- ☐ b. copy of list of property owners & entities noticed (w/certified mail slips)
- ☐ c. copy of certified list from municipality
- ☐ d. copy of notice to the paper and proof of publication (affidavit)

This should be submitted digitally to the Planning and Zoning Board Secretary seven (7) days before the public hearing and the hard copy must be provided to the Planning and Zoning Office at least 48 hours prior to the public hearing.

SUGGESTED WORDING FOR NOTICE IN THE NEWSPAPER

(IN-PERSON MEETINGS)

Take notice that(applicant)..... has applied to the ... (Zoning Board or Planning Board)..... of the Township of Robbinsville for ...(type of application)... approval in order to.....(describe application briefly, including the ordinance relief sought)....., regarding Block, Lot, ... (address) in the Zone, under application # In addition, the applicant also seeks any additional variances, waivers, exceptions or relief as the Board shall deem necessary and appropriate.

A public hearing on this application will be held by the ...(Zoning Board or Planning Board) ... on ... (month, day, year) ... at 7:00 pm in the Public Meeting Room located in the Township of Robbinsville Municipal Building, 2298 Route 33, Robbinsville, N.J. 08691, at which time any interested party may be heard concerning said application.

A copy of the application, proposed plans and supporting documents are available on the Planning and Zoning Department website by clicking “Meeting Exhibits” or directly at the following link: https://www.robbinsville-twp.org/departments/planning_and_zoning/meeting_exhibits.php and are also on file for inspection during regular business hours in the Township of Robbinsville Planning & Zoning Department located at 2298 Route 33, Robbinsville, NJ 08691 or by contacting BoardSecretary@robbinsville.net.

(VIRTUAL MEETINGS)

Take notice that(applicant)..... has applied to the ... (Zoning Board or Planning Board)..... of the Township of Robbinsville for ...(type of application)... approval in order to.....(describe application briefly, including the ordinance relief sought)....., regarding Block, Lot, ... (address) in the Zone, under application # In addition, the applicant also seeks any additional variances, waivers, exceptions or relief as the Board shall deem necessary and appropriate.

A virtual public hearing on this application will be held by the ...(Zoning Board or Planning Board) ... on ... (month, day, year) ... at 7:00 pm by way of Zoom Videoconferencing at <https://zoom.us/join> or by telephone at (888) 788-0099 using Zoom Webinar/Meeting ID: _____ Passcode _____ at which time any interested party may be heard concerning said application following the Board’s Remote Public Meeting Procedures.

A copy of the application, proposed plans and supporting documents are available on the Planning and Zoning Department website by clicking “Meeting Exhibits” or directly at the following link: https://www.robbinsville-twp.org/departments/planning_and_zoning/meeting_exhibits.php and are also on file for inspection during regular business hours in the Township of Robbinsville Planning & Zoning Department located at 2298 Route 33, Robbinsville, NJ 08691 or by contacting BoardSecretary@robbinsville.net.

SUGGESTED/RECOMMENDED NOTICE TO PROPERTY OWNERS

(IN-PERSON MEETINGS)

(Date)

To Whom It May Concern:

Notice is hereby given that on day of 20, at 7:00 .p.m., at the Public Meeting Room located in the Township of Robbinsville Municipal Building, 2298 Route 33, Robbinsville, NJ 08691, the (Planning Board or Zoning Board of Adjustment) of said Township will hold a hearing on the appeal or application of the undersigned, at which time and place all interested parties will be given an opportunity to be heard.

Applicant:

Location of Premises:

Block No. **Lot No.**

Application No.

Nature of appeal or application *(Give detailed information, including the ordinance relief sought.):*

In addition, the applicant also seeks any additional variances, waivers, exceptions or relief as the Board shall deem necessary and appropriate.

A copy of the application, proposed plans and supporting documents are available on the Planning and Zoning Department website by clicking "Meeting Exhibits" or directly at the following link: https://www.robbinsville-twp.org/departments/planning_and_zoning/meeting_exhibits.php and are also on file for inspection during regular business hours in the Township of Robbinsville Planning & Zoning Department located at 2298 Route 33, Robbinsville, NJ 08691 or by contacting the Board Secretary BoardSecretary@robbinsville.net.

.....
(Signature of Appellant or Applicant)

SUGGESTED/RECOMMENDED NOTICE TO PROPERTY OWNERS

(VIRTUAL MEETINGS)

(Date)

To Whom It May Concern:

Notice is hereby given that on, the day of 20, at 7:00 p.m., a virtual public hearing will be held by the (*Planning Board/Zoning Board of Adjustment*) of Robbinsville Township via Zoom Videoconferencing on the appeal or application of the undersigned, at which time and place, all interested parties may be heard concerning said application, following the Board's Remote Public Meeting Procedures.

The public hearing may be accessed:

By computer, tablet, smart device and/or internet browser:

<https://zoom.us/join>

or, by telephone, Dial:

US: +1 (888) 788-0099 US Toll-free (877) 853-5247 US Toll-free (833) 548-0276 US Toll-free

Zoom Meeting ID: _____ **Passcode:** _____

Applicant:

Location of Premises:

Block No. **Lot No.**

Application No.

Nature of appeal or application (*Give detailed information, including the ordinance relief sought.*):

In addition, the applicant also seeks any additional variances, waivers, exceptions or relief as the Board shall deem necessary and appropriate.

A copy of the application, proposed plans and supporting documents are available on the Planning and Zoning Department website by clicking "Meeting Exhibits" or directly at the following link: https://www.robbinsville-twp.org/departments/planning_and_zoning/meeting_exhibits.php and are also on file for inspection during regular business hours in the Township of Robbinsville Planning & Zoning Department located at 2298 Route 33, Robbinsville, NJ 08691 or by contacting the Board Secretary at: BoardSecretary@robbinsville.net. For more information on the Virtual Board Meetings, including the Board's Remote Public Meeting Procedures, please go to: https://www.robbinsville-twp.org/departments/planning_and_zoning/index.php or contact the Board Secretary.

.....
(Signature of Appellant or Applicant)

NAME _____
ADDRESS _____
DATE _____
APPLICATION # _____

Planning/Zoning Board Secretary
Township of Robbinsville
2298 Route 33
Robbinsville, N.J. 08691

Dear Planning/Zoning Board Secretary:

I have recently submitted an application for _____
before the Township of Robbinsville Planning/Zoning Board. I am requesting a certified tax list of
property owners within 200 feet for the property known as:

Block _____, Lot(s) _____,
on page _____ of the Township of Robbinsville Tax map from your office.

Enclosed is a check to cover the fee for this request (\$25 per name or \$10.00 whichever is greater).

Thank you for your assistance and co-operation.

Sincerely,

Applicant

Please check one:

____ I will pick up the tax list one week from the above date on: _____

____ Please mail the list to me in the self-addresses pre-stamped envelope which is enclosed.

____ Please email the list to me at: _____