



**PLANNING BOARD
TOWN OF KEARNY**
HUDSON COUNTY, NEW JERSEY

SITE PLAN REVIEW APPLICATION

SECTION 1. GENERAL INFORMATION

- A. Applicant: NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
- B. The Applicant is a: CORPORATION _____
PARTNERSHIP _____ INDIVIDUAL (S) _____
OTHER (please specify) _____
- C. If the Applicant is a corporation or a partnership, please attach a list of the names and addresses of person having a 10% interest or more in the coporation or partnership.
- D. The relationship of the Applicant to the property in question is: OWNER: _____ LEASEE _____ PURCHASER UNDER CONTRACT _____
OTHER (please specify) _____
- E. OWNER'S NAME (if not Applicant): _____
Address: _____
Telephone Number: _____
- F. Engineer/Surveyor: Name: _____
Address: _____
Telephone Number: _____
- G. Attorney: Name: _____
Address: _____
Telephone Number: _____

SECTION 2. INFORMATION REGARDING PROPERTY

- A. The street address of the Property is _____
- B. The location of the Property is approximately _____ feet from the intersection of _____ and _____.
- C. The Block number (s) is _____; the lot number is _____
- D. Use of Property: Existing use _____
Proposed use _____

- E. The zone in which the Property is located is _____.
(The Building Inspector's office can help determine this info)
- F. Acreage of the entire site is _____.
- G. Is the subject Property located on a county road? Yes ___ No ___
State Road? Yes ___ No ___; or within 200 feet of a municipal
boundary? Yes ___ No ___.
- H. The type of proposal is: New Structure _____ Expanded Area _____
Improved Parking Area _____ Alteration to Structure _____
Expansion to Structure _____ Change of Use _____ Sign _____
- I. Are there deed restrictions that apply or are contemplated?
Yes ___ No ___ - (If yes, attach a copy).
- J. Total number Parking Spaces (10'x20') on the Site? _____.
- K. The Name of the business or activity _____
(If the proposal is for a business answer the following)
- L. Number of Loading Berths proposed _____
- M. Number of employees at Peak Shift _____
- N. Total number of employees _____
- O. Hours of operation _____

SECTION 3.

IMPROVEMENTS: List all proposed on site utility and off-tract
improvements.

PLAT SUBMISSION: List maps and other exhibits accompanying this
application.

SECTION 4. INFORMATION REGARDING APPLICATION

FOR OFFICIAL USE
ONLY, COMMENTS
BY ZONING OFFICER

A. Describe any proposed "C" Variances requested, their location (proposed lot & block), and the sections of the Zoning Ordinance from which relief is requested.

B. Additional relief required for approval:

1. Waiver of lot to abut street _____
2. Exception to the official map _____
3. Application for construction on mapped street, public drainage way, flood control basin or public area _____

SECTION 5. AUTHORIZATION AND VERIFICATION

I certify that the statements and information contained in this application are true.

DATE

APPLICANT

Sworn and subscribed to me
this _____ day of _____, _____

NOTARY PUBLIC

I authorize the applicant to submit this application and proceed approval.

DATE

OWNER'S SIGNATURE

Sworn and subscribed to me
this _____ day of _____, _____

NOTARY PUBLIC