

Township of Franklin
Zoning/ Land Use Department
1571 Delsea Drive
Franklinville, NJ 08322
Telephone 856-694-1234
Fax 856-694-2823

VARIANCE

PLANNING BOARD
ZONING BOARD
HOUSING ENFORCEMENT
ZONING ENFORCEMENT

Memo

To: All Applicants, Developers, Attorneys, Engineers, Surveyors, Realtors & Other Interested Parties
RE: Submission Deadlines for Development Applications to Allow Administrative Completeness
Review and Presentation Guidelines

Submission Deadlines and Procedures:

1. The Planning Board and Zoning Board of Adjustment have authorized the Zoning and Land Use Department to administratively determine if development applications are complete for review. To facilitate administrative review, Completeness Review Checklist (Minor Subdivision, Major Subdivision, Site Plan & General Development Plan) are provided to guide you in preparing your project proposal. **Please note that for all applications in addition to the checklist items, the applicant is required to review all proposed new lots with the Tax Assessor to determine the appropriate lot and block numbers. The Tax Assessor must sign off on the application form as to this requirement.**
2. In order to provide the maximum opportunity for your application to be scheduled for hearing as soon as possible, the submission deadline is 45 days prior to the next scheduled meeting. Our goal is to provide the applicant with a list of incomplete items far enough in advance so the plans can be corrected, resubmitted and rechecked and deemed complete with enough time for you to provide any public notice that may be required. **You will not be given a tentative meeting date until your application is deemed complete. Once deemed complete you will be scheduled on the next available agenda.**

Hearing Presentation Guidelines:

1. **When you receive notice of completeness you are required to submit 15 copies of the application, subdivision/ site plan, and all supporting documents to the Department no later than ten (10) days prior to your scheduled meeting date. Failure to comply with this requirement will result in postponement of your hearing date to the next available. This applies to all applicants.**
2. The Planning Board and Zoning Board have established guidelines for presentation of major subdivisions and site plans. **The applicant is required to prepare a minimum of two site plan displays, for presentation to the Board, one for Board viewing and one for the viewing by the public. In addition, copies of any written reports should be made available for review by the public during the hearing.**

INSTRUCTIONS

1. In the case of individuals, they or their attorneys should complete the **PETITION** and **NOTICE OF HEARING** forms in full. **Applications by Corporations** will only be accepted from attorneys. (Disclosure Statement Attached.)
2. Obtain a sketch plat, preferably made by an engineer, of the premises showing in detail, existing boundary lines and location of structures on the premises in question and adjacent properties, with scale and all distances between buildings and side lines indicated. Buildings on adjacent lots must be set forth and their distances from the boundary lines. In addition, indicate any change sought to be made. (Sample sketch attached.) If parcel in question is in the **Pinelands**, a **Certificate of Filing** from Pinelands must be submitted.
3. Obtain from Tax Assessor, a list of all persons owning property within 200 feet of the premises in question. (Request for attached.)
4. Proof that all taxes are paid to date must be submitted with the completed application.
5. Is your property serviced by well and septic system? Yes _____ No _____
6. Please include a copy of the latest certification with your application.
7. If no, please describe what system you are using for water and waste.

File fifteen (15) copies of the following:

- a) Petition and Notice of Hearing
- b) Sketch or Map
- c) Tax Assessor's Certified list

With the Zoning / Land Use Department at the Administrative building, 1571 Delsea Drive, Franklinville, NJ 08322 together with the appropriate fees (fee schedule attached) **at least forty-five (45) days prior to the date of the hearing.**

8. **NOTICE:** Serve all property owners within 200 feet of the premises in question with a copy of the **PETITION AND NOTICE OF HEARING** by the certified mail, return receipt requested, or personally so that they receive notice **at least ten (10) days prior** to hearing.

Also, Notice must be served to the following:

- a) The Clerk of another municipality within 200 feet of the premises in question.
 - b) The County Planning Board for development adjacent to a County Road or proposed road shown on the official county map or on the county master plan, adjoining other County land or situated 200 feet of municipal boundary.
 - c) The Commissioner of Transportation for development adjacent to a State Highway.
 - d) The State Planning Commission for development of property which exceed 150 acres or 500 dwelling units.
 - e) Any public utility requesting to be noticed within 200 feet of the premises in question.
9. **PUBLIC NOTICE:** Public Notice must be given at least ten (10) days prior to the hearing by publishing in the official newspaper of the Township. (Public Notice form attached.)
 10. File affidavit of mailing, the Tax Assessor's Certified List together with the return receipts and any certified letters, which were refused or were not able to be served, prior to the date of hearing with **B. Michael Borelli, Solicitor** of the Zoning Board of Adjustment, at 40 N Woodbury – Glassboro Road, Pitman, NJ 08071. The appeal will not be listed on the agenda unless this provision is complied with.
 11. **Any application not properly filed or served will not be listed for hearing.**
 12. At the hearing, individuals may appear on their own behalf or represented by attorneys. Corporations must be represented by attorneys. Applications should be prepared to present such witness as are necessary to support the contentions of their application.
 13. Meetings are usually held the first Tuesday of each month with the exception of Reorganization in January, election days in February, June and November and a few holidays, check schedule. All paperwork must be in the office forty- five (45) days prior to the meeting. (See deadline schedule.)

**TOWNSHIP OF FRANKLIN
PLANNING BOARD AND ZONING BOARD DEVELOPMENT APPLICATION FORM**

The application, with supporting documentation, must be filed with the Zoning / Land Use Department and must be delivered to the professionals for review at least thirty (30) days prior to the meeting at which the application is to be considered.

TO BE COMPLETED BY TOWNSHIP STAFF ONLY

Date Filed _____ Application No. _____
Planning Board _____
Zoning Board of Adjustment _____ Application Fees _____
Escrow Deposit _____
Scheduled for Review of Completeness _____ Hearing _____

1. SUBJECT PROPERTY

Location: _____
Tax Map Page _____ Block _____ Lot(s) _____
Page _____ Block _____ Lot(s) _____
Dimensions: Frontage _____ Depth _____ Total Area _____
Zoning District _____

2. APPLICANT

Name _____
Address _____
Telephone Number _____ Email Address _____
Applicant is a: Corporation _____ Partnership _____ Individual _____

3. DISCLOSURE STATEMENT

Pursuant to N.J.S. 40:55D-48.1, the names and address of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and address of the noncorporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to fully comply.)

Name _____ Address _____ Interest _____
Name _____ Address _____ Interest _____
Name _____ Address _____ Interest _____
Name _____ Address _____ Interest _____

4. If owner is other than the applicant, provide the following information on the owner(s)

Owner's Name(s) _____

Address _____

Telephone _____ Email Address _____

5. PROPERTY INFORMATION

A. Restrictions, covenants, easements, association by – laws, existing or proposed on the property:

Yes (Attach Copies) _____ No _____ Proposed _____

Note: All deed restrictions, covenants, easements, association by – laws, existing or proposed on the property:

B. Present use of the premises: _____

6. APPLICANT'S PROFESSIONALS

A. Applicant's Attorney _____

Address _____

Telephone Number _____ Fax Number _____

Email Address _____

B. Applicant's Engineer _____

Address _____

Telephone Number _____ Fax Number _____

Email Address _____

C. Applicant's Planning Consultant _____

Address _____

Telephone Number _____ Fax Number _____

Email Address _____

D. List any other Expert who will submit a report or who will testify for the Applicant: (Attach additional sheets as may be necessary)

Name _____

Field of Expertise _____

Address _____

Telephone Number _____ Fax Number _____

Email Address _____

7. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

SUBDIVISION:

_____ Minor Subdivision Approval

_____ Major Subdivision Approval (Preliminary)

Number of lots to be created _____ (including remainder lot)

_____ Major Subdivision Approval (Final)

Number of proposed dwelling units _____ (If applicable)

SITE PLAN:

_____ Minor Site Plan Approval

_____ Informal Review

_____ Preliminary Site Plan Approval (Phases if applicable _____)

_____ Final Site Plan Approval (Phases if applicable _____)

_____ Amendment or Revision to an Approved Site Plan

Area to be disturbed (square feet) _____

Total number of proposed dwelling units _____

_____ Request for Waiver from Site Plan Review and Approval

Reason for request _____

_____ Conditional Use Approval (NJS 40:55-67)

_____ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way or flood control basin (NJS 40:55D-34)

_____ Direct issuance of a permit for a lot lacking street frontage (NJS 40:55D-35)

8. Section(s) of Ordinance from which a variance is requested: _____

9. Waivers Requested of Development Standards and/or Submission Requirements (attach additional pages as needed)

10. **Attach a copy of the Notice** to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable. The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing. An affidavit of service on all property owners and a proof of publication must be filed before the application will be complete and the hearing can proceed.

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

12. Is a public water line available? _____

13. Is Public sanitary sewer available? _____

14. Does the application propose a well and septic system? _____

15. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? _____

16. Are any off-tract improvements required or proposed? _____

17. Is the subdivision to be filed by Deed or Plat? _____

18. What form of security does the applicant propose to provide as performance and maintenance guarantees? _____

19. Other approvals, which may be required and date plans submitted:

| | Yes | No | Date Plans Submitted |
|--|-------|-------|----------------------|
| Gloucester County Health Department | _____ | _____ | _____ |
| Gloucester County Planning Board | _____ | _____ | _____ |
| Gloucester County Soil Conservation District | _____ | _____ | _____ |
| MUA | _____ | _____ | _____ |
| NJ Pinelands Commission | _____ | _____ | _____ |
| NJ Department of Environmental Protection | _____ | _____ | _____ |
| NJDES | _____ | _____ | _____ |
| Sewer Extension Permit | _____ | _____ | _____ |
| Sanitary Sewer Connection Permit | _____ | _____ | _____ |
| Stream Encroachment Permit | _____ | _____ | _____ |
| Freshwater Wetlands Permit | _____ | _____ | _____ |
| Potable Water Construction Permit | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| NJ Department of Transportation | _____ | _____ | _____ |
| Conectiv | _____ | _____ | _____ |
| South Jersey Gas | _____ | _____ | _____ |
| Other Utility _____ | _____ | _____ | _____ |

20. Tax Collector's Certification

Taxes Paid Per _____ Date _____
Authorized Signature _____

21. List of Plans, Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing). It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents to the members of the professional staff (Engineer, Planning Consultant, Attorney for the Board to which the application is submitted) for their review. The documentation must be received by the professional staff at least thirty (30) days prior to the meeting at which the application is to be considered, otherwise the application will be deemed incomplete. A list of the professional staff is attached to the application form.

| Quantity | Description of Item |
|----------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

22. The applicant hereby request that copies of the reports of the professional staff reviewing the application by provided to the following of the applicant's professionals:

| Applicant's Professional Attorney Engineer | Reports Requested |
|--|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

23.

CERTIFICATIONS

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am the Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant. (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.)

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

Notary Public

Signature of Applicant

Print Name

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant. (If the owner is a corporation this must be signed by the authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.)

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

Notary Public

Signature of Owner

Print Name

I understand that the sum of \$_____ has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Township of Franklin, I further understand that the escrow account is established to cover the cost of the professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

Date

Signature of Owner

Print Name

In the Matter of Appeal of:

Township of Franklin
Zoning Board of Adjustment

Name _____

Mailing Address _____

Petition and Notice of Hearing

(Attorney)

Phone Number _____

To: The Zoning Board of Adjustment of the Township of Franklin
(Strike inapplicable terms and insert **all** required information)

1. This application concerns Block(s) _____ Lot(s) _____ on the tax map of the Township of Franklin and the following street address _____.
The premises are owned by _____.
Applicant's interest in property if other than the owner is _____.

2. The land has frontage on _____ street of _____ feet and a depth of _____ feet.

3. I have filed a map (plot plan) or sketch of the premises with the Land Use Administrative Officer/Zoning Officer which may be examined at the Zoning / Land Use Department, Township Municipal Building, South Delsea Drive, Franklinville, New Jersey, on which map or sketch I have indicated existing location of boundary lines and structures and changes requested to be granted herein.

4. The land is in _____ zone, and the present use of the land is:

5. I desire to make the following changes: (insert how the existing use will be changed or modified)

6. An appeal is hereby made for variance from or an exception according to the terms of Section _____ Of the Zoning Ordinance, whereas, _____

12. Attached hereto and made a part of this application I submit the following:

AFFIDAVIT OF APPLICANT

STATE OF NEW JERSEY)

ss.

COUNTY OF _____)

_____ of full age, being duly sworn according to law, on oath deposes and says that all of the above statements contained in the papers submitted herewith are true.

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

_____ X _____
A Notary of Public of the State of New Jersey Applicant

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY)

ss.

COUNTY OF _____)

_____ of full age, being duly sworn according to law, on oath deposes and says, that deponent resides at _____ In Franklinville, NJ, Township of Franklin, in the County of Gloucester and State of New Jersey, that _____ is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Municipality of Franklin Township aforesaid and known and designated as Number _____

Sworn and subscribed to before me this _____ day of _____, _____ X _____
Owner to Sign Here

A Notary of Public of the State of New Jersey

AUTHORIZATION – FOR CONTRACT PURCHASER

(If Contract Purchaser is making this application, the following authorization must be executed)

To the Board of Adjustment:

_____ is hereby authorized to make the within application.

Dated: _____ X _____
Owner to Sign Here

(Note: Contract Purchaser must produce a signed copy of the contract for the Board of Adjustment at the hearing.)

DISCLOSURE STATEMENT PURSUANT TO L. 1977, C-336

A. Is this application to subdivide a parcel or parcels of last into six or more lots?

Yes _____ No _____

B. Is this application for a variance to construct a multiple dwelling or 25 or more family units?

Yes _____ No _____

C. Is this application for approval of a site or sites to be used for commercial purposes?

Yes _____ No _____

IF ANY OF THE ABOVE ANSEWERS WERE YES PROVEED TO "D"

D. Is the applicant a corporation or partnership?

Yes _____ NO _____

IF YES:

1. List the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class or at lease 10% of the interest in the partnership, as the case may be. (Use extra sheets if necessary.)

2. Does a corporation or partnership own 10% or more of the stock of the corporation or partnership?

Yes _____ No _____

IF YES:

List the names and address of the stockholders of that corporation holding 10% or more of the stock or of 10% or greater interest in that partnership, as the case may be. This requirement is to be followed by every corporate stockholder or partner in a partnership, until the names and addresses of the noncorporate stockholders and individual partners exceeding 10% ownership criterion established in L. 1977, C. 336 have been listed (Use extra sheets if necessary.)

Date _____ Applicant Signature X _____

SKETCH PLAT SPECIFICATIONS

These specifications are required for an application for a Variance to the Zoning Board of Adjustment. The purpose of a Sketch Plat is to provide sufficient data for proper evaluation and determination by the Zoning Board of Adjustment.

Fourteen (14) copies of a Sketch Plat, Size 8 ½ inches by 11 inches shall accompany all applications to the Zoning Board of Adjustment. (Larger if required)

This list of specifications is intended to serve as a guide in the preparation of a Sketch Plat.

The following requirements are illustrated on the attached Sample Sketch Plat. The letters as listed here are shown on the sample plan in large letters.

SIMPLIFIED SKETCH PLAT

A simplified sketch plat may be submitted when minor construction or no construction is involved. The plan shall:

- A. Be drawn neatly to scale, preferable at one-inch equals twenty feet.
- B. Indicate the entire lot for which application is being made.
- C. Contain a symbol indicating the direction of north.
- D. Indicate the dimensions of the lot.
- E. Indicate the name of all streets and ways upon which the lot is located and indicate the street address.
- F. Indicate the name of the nearest intersecting street and the distance, in feet, to it.
- G. Indicate the location, height and dimension of existing and proposed structures including porches, stoops, etc.
- H. Indicate with dimensions, any parking areas with distance from buildings and property lines.
- I. When on- site parking is provided, indicate driveways and curb cuts.
- J. Indicate the name and address of the applicant of the subject lot and the date of plan preparation.

DETAILED SKETCH PLAT

A detailed Sketch Plat must be submitted when major construction or a new use of land is involved. In addition to the items above, the detailed Sketch Plat shall:

- K. Indicate the width of all right of ways (streets and ways) upon which the lot is located.
- L. Indicate the lot number of the subject property and of the abutting lots.
- M. Indicate the name and address of owner of lot.
- N. Indicate existing and proposed contours when the site is not relatively level.
- O. Indicate the location and type of existing and proposed street fixtures such as utility poles, street lights, traffic signals and signs.
- P. Draw a key map of area.

APPLICANT'S OFFER TO ABUTTING PROPERTY OWNERS

Mr./ Mrs. _____

Lot _____ Block _____

Address _____

Re: Application # ZB _____

Dear Mr. / Mrs. _____:

I have made application to the _____ Township Zoning Board for a variance (s) to construct a single- family residence (or other structure as applicable) on Block _____, Lot _____, which abuts your property. This letter is to inquire whether you would be interested in selling me your lot or a portion of your lot in order to make my lot conform or more nearly conform with the current _____ Zoning Ordinance. In the alternative, you may have an interest in purchasing my lot at the "fair market value" which in this instance means a building lot price as if the variance had been granted.

It is my intention to demonstrate to the _____ Zoning Board that a "hardship" exists as I am unable to either acquire additional land or sell my land at its fair market value.

If you have any interest in selling your lot, or a portion of your lot to me or in purchasing my lot, please indicate on the enclosed copy of this letter your position with respect to this application. The _____ Township Zoning Board hearing on the undersigned's variance application is scheduled for _____ at which time a copy of this letter and any response from you will be offered into evidence.

Enclosed is a stamped – return addressed envelope for your convenience. You may, of course, attend the Zoning Board hearing and give testimony concerning your position.

Very truly yours,

Applicant

Applicant's Tel. No. (Home) _____

(Cell) _____

CERTIFIED MAIL _____ RRR # _____

FORM NO. 23

RESPONSE OF ABUTTING PROPERTY OWNERS

RE: Applicant _____

Lot _____ Block _____

Township of _____

1. We have an interest in purchasing the Applicant's property
(Yes or No) _____
2. We are willing to pay \$ _____
3. We have an interest in selling our property
(Yes or No) _____
4. We are willing to sell our property for \$ _____
5. We have an interest in selling a portion of our property consisting of _____ square
feet (Yes or No) _____
6. We are willing to sell the property described in #5 for \$ _____
7. We have no interest in buying the Applicant's property or selling our property or a portion of our property (Yes
or No) _____

Signature

Signature

Dated: _____

In the Matter of the Appeal

Name _____

Address _____

Township of Franklin
Zoning Board of Adjustment

AFFIDAVIT OF MAILING

STATE OF NEW JERSEY)

ss

COUNTY OF GLOUCESTER)

_____, being duly sworn upon his oath
deposes and says:

On _____, _____, I sent copies of the attached PETITION and NOTICE OF HEARING by certified mail, return receipt requested to the persons whose name were supplied to me by the Tax Assessor as being residents within 200 feet of the premises in question on letter attached hereto. I attach all receipts and unopened returned letters hereto.

Sworn to and subscribed before me,
A Notary Public of New Jersey this
_____ day of _____
_____.

X _____

Notary Public Of New Jersey

Variance Evaluation Criteria:

Under the provision of the MLUL, in order for the Planning Board to approve a 'c(1)' variance the applicant must show (1) peculiar and exceptional practical difficulties, or (2) exceptional and undue hardship upon, the applicant arising out of (a) the exceptional narrowness, shallowness or shape of a particular piece of property, or (b) by reason of exceptional topographic conditions or physical features uniquely affecting a specific piece of property, or (c) by reason of an extraordinary and exceptional situation uniquely affecting a specific piece of property or the structures lawfully existing thereon. Please note that in all cases the alleged hardships must relate to a specific piece of property.

To approve a "c" (2) variance the Board must find that the application has shown it (1) relates to a specific piece of property; (2) that the purposes of the Municipal Land Use Law would be advanced by a deviation from the zoning ordinance requirement; (3) that the variance can be granted without substantial detriment and (5) that the variance will not substantially impair the intent and purpose of the master plan and zoning ordinance.

Burden of Proof

As with all variance requests, the applicant bears the burden of proving both the positive and negative criteria. The positive criteria in the case of a c (1) variance relate to the hardship and the positive criteria in the case of a c (2) variance relate to the benefits.

The Planning Board must find that the request also meets the negative criteria of NJSA 40:55D-70. Negative criteria consist of two elements: No relief may ever be granted unless it can be done (1) without substantial detriment to the public good, and (2) without substantially impairing the intent and purpose of the land use plan and zoning ordinance. The courts have interpreted 'substantial detriment to be the public good' to require an evaluation of the impact of the proposed use variance on the adjacent properties and a determination as to whether or not it will cause such damage to the character of the neighborhood.

Hardship

- The applicant must demonstrate that the property's unique characteristics inhibit "the extent" to which the property can be used. Applicant must address the conditions described in the N.J.S 40:55D-70 c (1)
- The applicant must provide proof that the parcel was offered for sale (at fair market value) to adjacent property owners and that they had no interest in purchasing the lot.
- The applicant must show proof that they attempted to purchase additional property to bring the lot into conformance with the ordinance bulk standards.

Impact on surrounding properties/ character of the neighborhood

- Applicant must provide reasons why the variance will not have an adverse impact on the surrounding properties.

Consistency with the Master Plan & Zoning Ordinance

- Applicant must address how the variance will advance the purpose and intent of the Township master plan.

TOWNSHIP OF FRANKLIN
COUNTY OF GLOUCESTER
1571 DELSEA DRIVE
FRANKLINVILLE, NJ 08322
856-694-1234

Date: _____

Re: Request for new Block & Lot numbers for proposed subdivision

This letter is to request a confirmation or assignment of new Block & Lot numbers for the proposed subdivision of the following property:

Block: _____ Lot: _____ Location: _____

_____ Enclosed you will find a copy of the proposed subdivision plans for your review and please mail back a mark up copy of the plan with your new block & lot numbers.

_____ I have faxed you a copy of the proposed subdivision plan for your review and please fax back a mark up copy of the plan with your new block & lot numbers.

Should you need any further information, please do not hesitate to call. Listed below our contact information for the proposed subdivision for your file:

Property Owner Information _____ *Developer Information: (if different)*

Name: _____

Address: _____

State/Zip: _____

Phone # _____

Fax # _____

Email address _____

Signature _____

PUBLIC NOTICE

TOWNSHIP OF FRANKLIN

COUNTY OF GLOUCESTER

STATE OF NEW JERSEY

The Township of Franklin Zoning Board of Adjustment will hold a Public Hearing for

Located on _____

Block (s) _____ Lot(s) _____

ZB _____ seeking a variance to

On _____ at 7:00PM in the Municipal Hall, South Delsea Drive.

All documents relating to this matter have been filed with the Secretary and are available for inspection during regular business hours.

NOTE: This **PUBLIC NOTICE** must be published at least ten (10) days prior to the date of the hearing in the official newspaper of the Township of Franklin.

C. Other fees

1. Hearing and decide appeals of a decision by the Zoning Officer: \$250.00
2. Interpretation of Zoning Map or Zoning Ordinance: \$250.00
3. Hardship/bulk or CI and C2 variance: \$150.00
4. Use or D variance: \$300.00
5. Conditional uses: \$400.00
6. Hearing for permit building or structure:
 - (a) In Bed of mapped street: \$250.00
 - (b) Not related to a street: \$250.00
7. Escrow fee- Variance \$1,000.00

DOCKET # _____ APPLICANT _____

ADDRESS _____

BLOCK _____ LOT _____

PLEASE MAKE SEPARATE CHECKS FOR APPLICATION FEE & ESCROW FEE MADE OUT TO "THE TOWNSHIP OF FRANKLIN"

APPLICATION FEE----- Hardship/ Bulk or C1 and C2 Variance

\$150.00

Total _____

ESCROW FEE-----Hardship/ Bulk or C1 and C2 Variance

\$1000.00

Total _____

Application Fee----- Use of D Variance

\$300.00

Total _____

Escrow Fee----- Use or D Variance

\$1000.00

Total _____

***Section 253-20E (4)**

(4) If at any time the escrow fund is found to be insufficient to cover all reasonable fees for the required professional services, the applicant shall be notified, in writing, with an accounting of the fees and the applicant shall within 10 days increase the fund as shall be determined by the reviewing Board. In the even that the applicant shall fail to deposit the required fees, the reviewing Board shall be entitled to declare the application incomplete. Any excess fund remaining 95 days after final action has been taken by the reviewing Board shall be returned to the applicant.

TOWNSHIP OF FRANKLIN
COUNTY OF GLOUCESTER

1571 DELSEA DRIVE FRANKLINVILLE, NJ 08322

200 FOOT ADJACENT PROPERTY OWNER LIST

Attached is the list of property owners within 200 ft of Block _____ Lot _____
That was requested by:

Name: _____

Company: _____

Address: _____

Phone #: (_____) _____ Fax: (_____) _____

Fee \$10.00 Cash: _____ Check #: _____ Date: _____

Please include the following on the list:

Manager of R/E & R/W

Atlantic City Electric

5100 Harding Highway, Suite 399

Mays Landing, NJ 08330-9002

Engineering Manager

South Jersey Gas Co

1 South Jersey Plaza

Hammonton, NJ 08037

Comcast

Construction Dept.

Attention: Jim Parkinson

1846 North West Blvd.

Vineland, NJ 08360

Public Service Electric and Gas Company

Manager – Corporate Properties

80 Park Plaza, T6B

Newark, NJ 07102

If the above property listed also fronts on any Railroad, State or County Highway you must also notify the authorities below:

NJ State D.O.T

Planning Division

PO Box 600

Trenton, NJ 08625-0600

Gloucester County D.P.W

Planning Division

Rt. 47 Delsea Drive

Clayton, NJ 08312

P.R.S. L c/o Conrail

Tax Department

PO Box 8499

Philadelphia, PA 19101

If the property is within 200 feet of another municipality, you must also notify the Clerk of the Municipality and also obtain a listing of properties within that municipality.

Date Certified

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. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> | | |
| | <p>2 Business name/disregarded entity name, if different from above</p> | | |
| | <p>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.</p> <p> <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) ▶ _____ 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) ▶ _____ </p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> | |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> | <p>Requester's name and address (optional)</p> | |
| | <p>6 City, state, and ZIP code</p> | | |
| | <p>7 List account number(s) here (optional)</p> | | |

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.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |
| - | | | | - | | | | | |

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.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ |
|------------------|----------------------------|--------|

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)(f)

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) b. So-called trust account that is not a legal or valid trust under state law | The grantor-trustee ¹ 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.

Township Committee
Jonathan Keen
Michael Marsh
Mark Fiorella
Township Clerk
Barb Freijomil

TOWNSHIP OF FRANKLIN
COUNTY OF GLOUCESTER
State of New Jersey
1571 Delsea Drive
FRANKLINVILLE, NEW JERSEY 08322
856-694-1234

Mayor
John Bruno
Deputy Mayor
Timothy Doyle



Zoning Board of Adjustment and Planning Board

Statement and Agreement to Reimburse Professional Review and Costs

Pursuant to Section 253-20 of the Township of Franklin Code. Applications to the Zoning Board of Adjustment or the Planning Board:

I /we _____ the applicant herein hereby agrees to pay all fees and escrow payments applicable to the same pursuant to the Zoning Board and/or Planning Board regulations as contained in this ordinance.

Date: _____

Block: _____ Lot(s): _____

Applicant: _____

Address: _____

Phone: _____

Signature: _____

Printed Name: _____