

ADMINISTRATIVE SITE PLAN WAIVER
INFORMATION SHEET

All administrative site plan waiver applications for a change in use or occupancy are reviewed by the Site Plan Waiver Subcommittee (SPWS).

The SPWS consists of two (2) Planning Board members (and a third Planning Board member as an alternate member of the SPWS), the Planning and Zoning Administrator or her designee, and the Construction Official and/or Zoning Enforcement Officer, as needed.

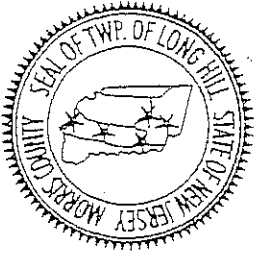
Upon receipt of a complete Zoning Permit Application; Administrative Site Plan Waiver application; and the **required application fee of one hundred fifty dollars (\$150.00)**, the Planning and Zoning Administrator will research the application and provide any applicable Planning Board or board of Adjustment history of the subject property to the SPWS. Copies of the application will then be distributed to the SPWS members who will arrange for a site visit utilizing an established criteria checklist adopted by the Planning Board by resolution.

After the site visit is conducted, the Planning and Zoning Administrator will be notified to schedule a meeting of the SPWS within two (2) weeks, if feasible. The SPWS may request a meeting with the applicant and/or property owner.

After it completes its review, the SPWS will render a written decision to either grant an administrative site plan waiver or refer the application to the full Planning Board. An administrative site plan waiver shall be granted by the SPWS if it finds that existing and proposed site improvements meet or will exceed the development design standards specified in Sec. 150 of the Township Land Use Ordinance, a copy of which is attached.

If an administrative waiver is granted by the SPWS, a written "findings of fact" will be generated by the Planning and Zoning Administrator describing the nature of the use, hours of operation, number of employees, proposed parking, lighting, landscaping and other site improvements, and all other applicable conditions of the administrative site plan waiver, with a deadline for completion set forth. A performance guarantee in accordance with the provisions of NJSA 40:55D-53 may be required when deemed necessary by the Planning and Zoning Administrator in consultation with the Township Engineer. The administrative waiver granted by the SPWS shall not be effective until it is signed by the applicant and, when appropriate, by the property owner as well.

If the applicant does not comply with the terms and conditions of the findings of fact within the time limits set forth in the SPWS's written decision, the matter will be referred to the Zoning Officer for enforcement.



Date Application Received: _____

\$25.00 Fee Received _____

Check # _____

TOWNSHIP OF LONG HILL
PLANNING & ZONING OFFICE
915 Valley Road, Gillette, NJ 07933
(908) 647-8000 Fax (908) 647-4150

APPLICATION FOR A ZONING PERMIT

Applicants Name _____

Date _____

Street Address _____ Town _____

Zip _____

Telephone Number: Home _____ Listed / Unlisted

Application # _____

Work _____

Email _____

Fax _____

Work Site Address:

Street _____ Block _____ Lot _____

Zoning Approval / Denial
✓

Has this premises been subject to any prior action by the Planning Board or Zoning Board of Adjustment? Yes ___ No ___

If so, provide the resolution number & date of approval _____

Have all conditions of approval been satisfied? Yes ___ No ___

Were approved plans signed by Board Officers? Yes ___ No ___ if so provide a copy with this application.

Type of Application: New Home ___ Addition/ Alteration ___ Deck ___ Pool ___ Other ___

Does the construction or development of this property involve a change in footprint of any building or structure and/or will the proposed work result in the removal or damage of any tree (s)?
Yes ___ No ___

If Yes, please supply a duplicate copy of the zoning permit application and all supporting documents to the Zoning Official for referral to the Shade Tree Commission for review and comment.

If none of the above is checked, you can skip PAGE 2 of the application and proceed to PAGE 3.

FILL IN ALL APPLICABLE BOXES

IS THIS PROPERTY IN A DENSITY MODIFICATION SUBDIVISION? YES _____ NO _____

LOT NUMBER	BLOCK NUMBER	ZONE	TOTAL SQ. FT
	REQUIRED	EXISTING	PROPOSED
MINIMUM LOT AREA			
MINIMUM LOT WIDTH (FEET)			
MINIMUM FLOOR AREA (SQAURE FEET)			
MINIMUM BUILDING WIDTH (FEET)			
MAXIMUM BUILDING HEIGHT (STORIES/FEET)			
MINIMUM FRONT YARD (FEET)			
MINIMUM SIDE YARD (FEET)			
MINIMUM REAR YARD (FEET)			
MAXIMUM BUILDING COVERAGE (PERCENT)			
LOT COVERAGE (PERCENT)			
FLOOR AREA RATIO (FAR)			
BUFFER (FEET) (9)			

Please supply two (2) copies of your survey to scale indicating your proposed project and supporting calculation listed above

Type of Application continued.

Other:

Please Explain

To the best of my knowledge, all of the above information is correct and I understand that the
“Issuance of this permit does not relieve the applicant from the obligation to obtain any and all permits and/or approvals from any other governmental agency having jurisdiction over the premises, whether local, county, state or federal, required for the development for which this permit is issued. Failure to obtain all such necessary permits or approvals may result in revocation of this permit”

Signature of Applicant _____ Date _____

For use by Zoning Office only

Approved _____ Date _____

Comments:

Denied _____ Date _____

Reason for Denial:

Applicant was notified of approval or denial on: Date _____

Method of notification was:

Phone: _____

Mail: _____

Fax: _____

Email: _____

Thomas Delia _____ Date _____

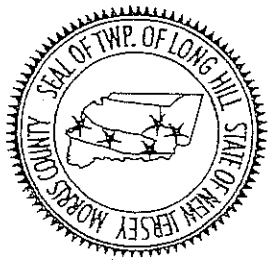
Zoning Officer, Township of Long Hill

SECTION 131: SCHEDULE OF BULK REQUIREMENTS
LAND USE ORDINANCE OF THE TOWNSHIP OF LONG HILL

Zone	Minimum Lot Area	Minimum Lot Width (feet)	Minimum Floor Area (square feet)	Minimum Building Width (feet)	Maximum Height of Building (stories/feet)	Minimum Front Yard (feet)	Minimum Side Yard (feet)	Minimum Rear Yard (feet)	Maximum Building Coverage (percent)	Lot Coverage (percent)	Floor Area Ratio (FAR)	Buffer (feet) (2)
C	3 acres	250	1,500	-	2-1/2/35	75	25(1)	50	-	15	-	-
R-2	45,000 sq. ft.	150	1,500	-	2-1/2/35	75	25(1)	50	-	20	(15)	-
R-3	30,000 sq. ft.	150	1,500	-	2-1/2/35	50	25(1)	40	-	20	(15)	-
R-4	20,000 sq. ft.	100	1,200	-	2-1/2/35	50	10(2)	25	-	25	(15)	-
R-MF	5 acres	300	See Sec. 132.	-	2-1/2/35	50	50	50	15	40	(15)	-
TH	-	-	See Sec. 132.	-	35	50	50(3)	30	-	40	(15)	-
R-MF-2	5 acres	300	See Sec. 132.	-	2-1/2/35	50	50	50	15	40	(15)	-
R-MF-3	20,000 sq. ft.	100	See Sec. 132.	-	3/35	25	25	25	15	40	(15)	-
SC	-	300(4)	-	-	3/35	60	25	50	-	-	(15)	-
B-1-5	5,000 sq. ft.	50	650 (ground floor)	20(5)	2/35	10	10(6)	25	35	65	1.0	10
B-1-20	20,000 sq. ft.	100	800 (ground floor)	20(5)	2/35	50	20(7)	25	20	40	.40	25
M	10,000 sq. ft.	50	-	20(5)	2/35	10	5	25	30	60	.40	25
M-H	20,000 sq. ft.	100	800 (ground floor)	20(5)	2/35	25	20(7)	25	20	40	.40	25
B2	20,000 sq. ft.	100	800	-	2/35	50	20(8)	25(8)	20	40	.30	25
O	20,000 sq. ft.	100	800	-	2/35	50	20(8)	25(8)	20	40	.30	25
B-3	160,000 sq. ft.	400	350	15	2/35	150(10)	75	100	30	60	.30	30
LI-2	2 acres	300	8,000	-	2/35	75	40(11)	100	40	70	.60	30
P	15,000 sq. ft.	100	1,000	-	2-1/2/35	25	10	25	-	60	.40	-

NOTES:

- (1) Aggregate width of side yards shall equal at least thirty (30) percent of lot width at the building line.
- (2) Aggregate width of side yards shall equal at least thirty-five (35) percent of lot width at the building line.
- (3) Except for land abutting the SC zone.
- (4) Minimum lot depth requirement is 300 feet.
- (5) If building contains more than one business unit, building width requirement shall be fifteen (15) feet. Maximum store size in M, B-1-5, M-H and B-1-20 zones shall be three thousand (3,000) square feet.
- (6) Side yard setback is reduced to zero (0) feet if property does not abut a residential use or zone.
- (7) Aggregate of both side yards must be of at least fifty (50) feet; side and rear yards shall be a minimum of thirty (30) feet when property abuts a residential use or zone.
- (8) Side and rear yards must be increased to thirty (30) feet when property abuts a residential use or zone.
- (9) Buffer is required when property abuts or is located across a street from a residential use or zone; in LI-2 zone, no building shall be built within one hundred fifty (150) feet of a residential zone. When a side or rear yard in the M zone abuts a residential use or zone, the side or rear yard building setback shall be a minimum of forty (40) feet.
- (10) Parking shall be permitted in the front yard except that no parking shall be located within twenty-five (25) feet of any right-of-way or twenty (20) feet from any property line.
- (11) For lots with a width of less than two hundred (200) feet, the minimum width for each side yard shall not be less than twenty (20) percent of the lot width, except that no side yard shall be less than thirty (30) feet.
- (12) Parking areas and driveways in all zones shall be set back at least five (5) feet from all property lines, other than: (i) from the property line which is crossed by the driveway that provides access to the lot; or (ii) when a different setback is provided in this section.
- (13) In the R-4 zone on tracts of twenty (20) acres or larger, the Schedule of Bulk Requirements shall be modified to allow the minimum required lot area to be fifteen thousand (15,000) square feet, the minimum required lot width to be fifty (50) feet, and the minimum required front setback to be thirty-five (35) feet, provided that the average of such areas and dimensions in the development shall not be less than those required in the Schedule of Bulk Requirements.
- (14) Planned Senior Residential Communities in the R-4 zone shall be governed by the conditional use provisions of Section 125.4 and by the following bulk requirements, minimum front yard, twenty-five (25) feet; minimum side yard, eight (8) feet; minimum rear yard, twenty-five (25) feet; and maximum lot coverage, forty (40) percent.
- (15) See Section 132.6 for floor area ratios in residential zones.



TOWNSHIP OF LONG HILL

COUNTY OF MORRIS

GILLETTE, HOMESTEAD PARK, MEYERSVILLE, MILLINGTON, STIRLING

TOWNSHIP OFFICES:
915 Valley Road
Gillette, NJ 07933
(908) 647-6000
FAX (908) 647-4150

APPLICATION FOR DEVELOPMENT

TYPE OF APPROVAL REQUESTED:

APPLICATION NO. _____

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Concept Plan	<input type="checkbox"/> Development Permit	<input type="checkbox"/> Variances:
<input type="checkbox"/> Administrative Waiver	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Dev. Permit Waiver	<input type="checkbox"/> Use (d)
<input type="checkbox"/> Waiver	<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Admin. Dev. Permit Waiver	<input type="checkbox"/> Bulk (c)
<input type="checkbox"/> Minor	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> (a)
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Final	<input type="checkbox"/> Unimproved Road	<input type="checkbox"/> (b)
<input type="checkbox"/> Final	<input type="checkbox"/> Other		

Location of Property _____ Block _____ Lot _____ Zone _____

Applicant _____

Phone: _____ You *must* indicate: [] listed [] unlisted Fax: _____
E-mail _____

Address _____

Owner _____

Phone: _____ You *must* indicate: [] listed [] unlisted

Address _____

Attorney _____ Phone: _____ Fax: _____
E-mail _____

Address _____

Engineer _____ Phone: _____ Fax: _____
E-mail _____

Address _____

Dates and types of prior development applications for this property: _____

Type of Use Proposed: Change in occupancy utilizing existing facilities
 Addition(s) or expansion of existing facilities
 All new construction Site work only Other

Present (or previous) use _____

Proposed use _____

Number of Employees _____ Business hours _____

I hereby give consent for the Long Hill Township Board Members and Consultants to enter upon the subject property for the purpose of reasonable inspections to investigate representations made herein.

Applicant's Signature(s) _____

Indicate title if corporation or partnership

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Application Fee: _____ Escrow Fee: _____ Approving Agency: PB [] BOA []

Application Filed: _____ Accepted as Complete: _____

Board Action Required By: _____

Dawn V. Wolfe
Planning & Zoning Administrator

LONG HILL TOWNSHIP

INFORMATION REGARDING PROPOSED USE

Applicant: _____ Phone # _____

Address: _____

Location: _____

Block: _____ Lot: _____ Zone: _____

Area of Bldg.: _____ Area to be occupied: _____ Rental Unit # _____

Describe *in detail* proposed use: _____

Previous Use: _____

<u>A. Use Data:</u>	<u>Proposed</u>	<u>Previous</u>
Number of Employees:	_____	_____
Off-Street parking spaces:	_____	_____
Days/Hours of operation:	_____	_____
Machinery/Equipment used:	_____	

B. Building & Site Plan Data:

1. Does building have a fire suppression system? Yes [] No []

Type: _____

2. Does building have fire alarm system? Yes [] No []

Type: _____

3. Does site have posted fire lanes? Yes [] No []

C. Indicate if operations use, store, produce, or dispose of any of the following:

1. ____ Heat ovens or open flame in any of your processes.

2. ____ Wood products, waste paper, rags, tires.

3. ____ Combustible dust or fibres.

4. ____ Any cryogenic materials or liquids.

5. ____ Flammable or combustible liquids.
(Any liquid with flash point below 100 degrees F.).

6. _____ Flammable or compressed gases. (Any gas held under pressure whether flammable or non-flammable).
7. _____ Flammable solids. (Any solid substance which is liable to cause fire through friction, or absorption of moisture, or spontaneous chemical changes, or as a result of retained heat from mfg. processing).
8. _____ Hazardous materials or waste. (Any material whether a gas, a liquid, or a solid by which exposure to an unprotected individual may be a hazard to their health).

NOTICE:

An affirmative answer to any portion of Section C above may require a permit from the Fire Prevention Bureau. Fire Permits shall be obtained **prior** to issuance of a Certificate of Occupancy.

Any false or misleading statements made on this application shall be grounds for revocation of the Certificate of Occupancy.

D. List in **complete** detail any toxic chemicals stored or used on the premises:

E. Describe any extraordinary noises or odors involved in tenant's operation:

F. Describe any extraordinarily dangerous machines used in the tenant's operation:

I hereby certify that the foregoing statements herein made by me are true to the best of of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

By: _____
Responsible Party

Date: _____

LAND DEVELOPMENT REVIEW APPLICATION

Mail To:
 MORRIS COUNTY PLANNING BOARD
 P.O. Box 900
 Morristown, NJ 07963-0900



Office Location:
 30 Schuyler Place
 4th Floor
 Morristown, New Jersey

ALL FILINGS TO THE PLANNING BOARD SHOULD BE IN DUPLICATE WITH APPROPRIATE FILING FEE

Section I. Submission Requirements (TWO COPIES OF ALL DOCUMENTS SHOULD BE SUBMITTED)

Submission: New Planning Board Review fee enclosed
 Revised Board of Adjustment No review fee

Section II. Project Information

Project Name: _____ Block(s) _____ Lot(s) _____
 Municipality: _____ Road Frontage Name: _____
 Applicant's Name: _____ Telephone: _____ Fax: _____
 Mailing Address: _____

Section III. Site Data

What is being proposed? _____
 Zone District(s) in which property is located: _____
 Present Use(s) _____ Proposed Use(s) _____
 Proposed Water Source: _____ Sewage Disposal _____

Subdivision:
 Gross Area of Subdivision Tract _____ acres * Net Lot Area _____ acres * Number of Lots _____

Site Plan: Lot Area _____ Acres

<i>If Residential:</i>	<i>If Non-Residential</i>	
# of Dwelling Units _____	New Floor Area _____	Total Floor Area _____
	New Parking Spaces _____	Total Parking Spaces _____
	New Impervious Surface _____	Total Impervious Surface _____

Section IV: Review Fees (not required for revised submissions)

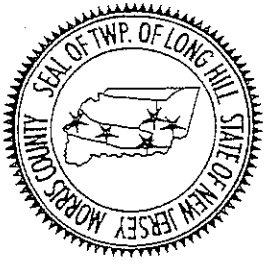
Applicant hereby applies for: (check one)

Municipal Classification	Rate	Fees
<input type="checkbox"/> Subdivision: Sketch	no charge	
<input type="checkbox"/> Subdivision: Minor	\$100.00	\$ _____
<input type="checkbox"/> Subdivision: Preliminary	\$500.00 + \$25.00 per lot	\$ _____
<input type="checkbox"/> Subdivision: Final	\$100.00	
<input type="checkbox"/> Site Plan: Multi-Family	\$500.00 + \$25.00 per dwelling unit	\$ _____
<input type="checkbox"/> Site Plan: Non-Residential	\$500.00 + \$5.00 per new parking space	\$ _____

Total enclosed (payable to "Treasurer of Morris County")..... \$ _____

Application completed by: _____ applicant/ owner/ attorney/ engineer
(please print)

Signature: _____ Dated: _____



TOWNSHIP OF LONG HILL

COUNTY OF MORRIS

GILLETTE, HOMESTEAD PARK, MEYERSVILLE, MILLINGTON, STIRLING

TOWNSHIP OFFICES:
915 Valley Road
Gillette, NJ 07933
(908) 647-8000
FAX (908) 647-4150

DISCLOSURE OF CORPORATE OWNERS OR PARTNERS

Application No. _____

Date: _____

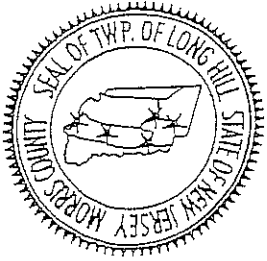
Name of Applicant: _____

Name of Corporation: _____

Names of corporate stockholders or partners owning at least 10% of its stock or any class or at least 10% of the interest in the partnership, as the case may be.

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: If the applicant is a corporation, it *must* be represented by an attorney when it appears before the Board.



TOWNSHIP OF LONG HILL

COUNTY OF MORRIS

GILLETTE, HOMESTEAD PARK, MEYERSVILLE, MILLINGTON, STIRLING

TOWNSHIP OFFICES:
915 Valley Road
Gillette, NJ 07933
(908) 647-8000
FAX (908) 647-4150

PROOF OF PAYMENT OF TAXES

Re: Application to Board of Adjustment Planning Board

Block No. _____ Lot No. _____

Location: _____

I certify that I am the owner of record of the property described hereon and in compliance with and/or N.J.S.A. 40:55D-39e; N.J.S.A. 40:55D-65h; and/ or Ordinance #32-88. I hereby request the Tax Collector to determine whether there are delinquent taxes/assessments due.

Date: _____

Signature of Owner

Printed or Typed
Name of owner

TAX COLLECTOR'S CERTIFICATION

I DECLARE THAT:

All taxes have been paid.

All assessments due have been paid.

For Office Use:

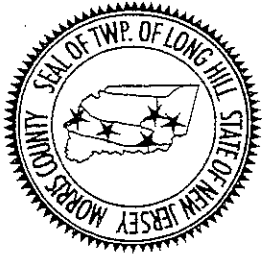
The following are delinquent and due:

Water Source: City
 Well

Sewage Disposal: _____
 Sewer
 Septic

Date: _____

Tax Collector



TOWNSHIP OF LONG HILL

COUNTY OF MORRIS

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TOWNSHIP OFFICES:
915 Valley Road
Gillette, NJ 07935
(908) 647-8000
FAX (908) 647-4150

OWNERS LETTER OF CONSENT

Township of Long Hill
County of Morris
New Jersey

Re: Block _____ Lot _____

Location _____

Applicant _____

I certify that I am the owner of record or duly authorized representative of the owner and that I concur with the application and plans presented to the Planning Board (or) Board of Adjustment.

Permission is hereby granted to _____

as applicant for the proposed development.

Date: _____

Owner's Signature (indicate title)

Owner (printed or typed name)

Address

Phone # _____

Visit our website: www.longhillnj.org

SIGN INFORMATION FOR SITE PLAN REVIEW

LONG HILL TOWNSHIP - MORRIS COUNTY, NEW JERSEY

NOTE: This form must be accompanied by a sketch of the proposed sign clearly showing its dimensions (and height, if a ground sign), construction materials, colors (lettering and background) and a note indicating whether it will be lighted or not. If lighted, from what source (i.e. manual or automatic)? Applications for ground signs must also include a property survey indicating proposed location of sign(s). Facade signs shall be accompanied by a building elevation or sketch showing all affected building facades.

Name of Applicant _____

Site of Proposed Sign(s) _____

Name of Property Owner _____

Address (if different from above) _____

Telephone No. _____ Block _____ Lot _____ Zone _____

TYPE OF SIGN (Indicate number if more than one)

____ Wall _____ Shingle _____ Automatic Teller Machine
____ Ground _____ Awning _____ Public/Semi-Public Facilities
____ Canopy _____ Window/Door (Permanent) _____ Home Occupation or Home Professional Office
____ Directory _____ Gasoline Service Station _____ Private Club, Recreation Facility or Multifamily Residential Structure

____ Other (please specify) _____

SIGN INFORMATION (complete as applicable and attach separate sheet, if necessary)

	Sign 1	Sign 2	Sign 3
Size (sq. ft.)	_____	_____	_____
Dimensions	_____	_____	_____
Height	_____	_____	_____
Depth	_____	_____	_____
Construction Materials	_____	_____	_____
Will Sign Be Lighted?	_____	_____	_____
Will Sign Light Remain On After Business Closing?	_____	_____	_____
Method of Lighting Control (manual/automatic)	_____	_____	_____
Colors (Lettering/Background)	_____	_____	_____
Other Information	_____	_____	_____

BUILDING AND SITE CHARACTERISTICS (Complete as applicable and attach separate sheet if necessary)

Area of Building Facade (sq. ft.) _____
Length of Building Facade _____
Height of Building _____
Setback from Right-of-Way (if ground sign) _____
Gross Floor Area of Use _____
Number of Tenants _____ Lot Frontage _____

EXISTING SIGN INFORMATION (Complete as applicable and attach separate sheet if necessary)

Number of Existing Signs on Site _____
Type of Existing Signs _____
Size, Height & Dimensions of Existing Signs _____
Number of Existing Signs To Remain _____

Applicant's Signature(s) _____

(Indicate title if corporation or partnership)

NOTE: THIS IS NOT A SIGN PERMIT APPLICATION.

PRIOR TO INSTALLATION OF SIGNAGE, A SIGN PERMIT MUST BE OBTAINED FROM THE CONSTRUCTION OFFICE.

NAME OF APPLICANT: _____

CHECKLIST

SUBMISSION REQUIREMENTS ADMINISTRATIVE SITE PLAN WAIVER APPLICATIONS

[NOTE: PLEASE SEE SECTION 163.4 OF LONG HILL TOWNSHIP LAND USE ORDINANCE FOR SUBMISSION REQUIREMENTS AND PROCEDURES.]

Each site application for an administrative site plan waiver shall provide the following information: (Please indicate "X" for provided, "W" for waiver requested or "N/A" for not applicable):

- _____ 1. A site survey showing the existing structures on the property, with north arrow, date of survey and name and signature of the preparer.
- _____ 2a Provide a floor plan of any principal building located on the property *as it currently exists*. Indicate the immediate prior use of each room/area to the best of your knowledge.
- _____ 2b Provide a floor plan of any principal building located on the property indicating *the proposed* use of each room/area. Indicate new walls, walls to be removed, and/or altered areas.
- _____ 3. A completed "Information Regarding Proposed Use" form.
- _____ 4. A completed Schedule of Bulk Requirements for the zone in which the subject property is located.
- _____ 5. A completed Disclosure of Corporate Partners form.
- _____ 6. If the existing landscaping is in poor condition (pursuant to the design standards of the Land Use Ordinance), provide a proposed landscape plan.
- _____ 7. A completed Sign Information for Site Plan Review form, including a sketch of the proposed sign, location, colors, materials, and dimensions.
- _____ 8. Any proposed changes to the façade of the building shall be shown.
- _____ 9. Any proposed changes to the parking lot/areas shall be shown.

- _____ 10. Any proposed changes to site lighting shall be shown.
- _____ 11. Any proposed changes to site landscaping shall be shown.
- _____ 12. Any proposed changes to other site improvements shall be shown.
- _____ 13. Indicate dumpster/enclosure location. Indicate any proposed changes.
- _____ 14. Certification from the Township Tax Collector that all taxes and assessments are paid to date.
- _____ 15. A listing of approvals required by other governmental agencies, and completed copies of applications made to any other governmental agency with jurisdiction over the application and/or status reports of said applications.
- _____ 16. Indicate if a Knox Box exists on the subject building. If yes, show location.
- _____ 17. A completed and signed application form and proof of payment of all required fees.
- _____ 18. Photographs showing the property as it currently exists and all structures thereon.
- _____ 19. Any information necessary to review the proposal, including but not limited to, promotional pamphlets and similar information.

Signature and Title of Preparer of Checklist

Date