

**BOROUGH OF CHESTER  
LAND DEVELOPMENT APPLICATION**

Application No. \_\_\_\_\_  
Date Received \_\_\_\_\_

Application Fee \_\_\_\_\_  
Escrow Fee \_\_\_\_\_

**CHECK AS MANY AS APPLY:**

- \_\_\_ Minor Site Plan
- \_\_\_ Site Plan/Preliminary
- \_\_\_ Site Plan/Final
- \_\_\_ Sketch Plat
- \_\_\_ Minor Subdivision
- \_\_\_ Major Subdivision/Preliminary
- \_\_\_ Major Subdivision/Final

- \_\_\_ Informal Review
- \_\_\_ Bulk Variance
- \_\_\_ Use Variance
- \_\_\_ Conditional Use
- \_\_\_ Appeal of Administrative Officer
- \_\_\_ Interpretations
- \_\_\_ Extensions of Time

1. Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_

Is Applicant a Corporation \_\_\_ Partnership \_\_\_ Individual \_\_\_ LLC \_\_\_

If applicant is a corporation or partnership, set forth the names and addresses of all stockholders or partners having a 10% interest or more.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Attach sheet if necessary.

2. Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_

3. Attorney's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_

**NOTE: A corporation or LLC must be represented by a NJ attorney.**

4. Name(s) and address of person(s) preparing plans  
Name \_\_\_\_\_ Profession \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

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Name \_\_\_\_\_ Profession \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Fax # \_\_\_\_\_

5. Location of Property:  
Tax Map Block \_\_\_\_\_ Lot \_\_\_\_\_ Total Tract Area \_\_\_\_\_  
Street Address \_\_\_\_\_ Property Zone \_\_\_\_\_

6. Building Data:  
Building Dimensions \_\_\_\_\_ Gross Floor Area \_\_\_\_\_  
Building Height \_\_\_\_\_ No. of Stories \_\_\_\_\_  
Type of Use \_\_\_\_\_ No. of Employees \_\_\_\_\_  
No. Parking Spaces Proposed \_\_\_\_\_ Off-Street Loading Area \_\_\_\_\_

7. Utilities  
Public Water Supply \_\_\_\_\_ Private Well \_\_\_\_\_  
Water Requirements \_\_\_\_\_ gpd. \_\_\_\_\_ gpd. \_\_\_\_\_ gpd.  
                          Domestic                           Manufacturing                           Air-Conditioning  
Sprinkler System to be installed \_\_\_\_\_  
Public Sanitary Sewer \_\_\_\_\_ Septic System \_\_\_\_\_  
Mayor and Council Approval \_\_\_\_\_ Board of Health Approval \_\_\_\_\_

8. List any zoning variances. If none, state 'none'. If any are required, attach hereto as a separate rider the factual basis and legal theory for the relief sought. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. (a) Deed restrictions that exist. (If no restrictions, state "none" if yes attach a copy)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Proposed Deed Restrictions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ADDITIONAL INFORMATION FOR SUBDIVISION APPLICATIONS**

10. Has this lot been previously subdivided \_\_\_\_\_  
yes/no date application no.
11. Purpose of Subdivision:  
Sell Lots Only \_\_\_\_\_ Construct Houses for Sale \_\_\_\_\_
12. Does Subdivision front on an approved street \_\_\_\_\_
13. Number of lots proposed \_\_\_\_\_ Total Lot Acreage \_\_\_\_\_  
Area to be dedicated for street right-of way \_\_\_\_\_  
Open Space Zoning \_\_\_\_\_ Acreage Dedicated to the Borough \_\_\_\_\_
14. Will subdivision require extension of municipal facilities:  
Streets \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Other \_\_\_\_\_
15. I have read the Borough of Chester Land Development and Procedures Ordinances as they apply to this application and the guides provided by the Planning or Zoning Board and certify that the submitted plans are complete an accurate as to existing conditions and proposed changes.

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

**CONSENT OF OWNER**

I, the undersigned, being the owner of the lot or tract described in the foregoing application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency. (If owned by a corporation, attach copy of the resolution authorizing application and officer's signature).

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

