



Borough of Rumson
BOROUGH HALL
80 East River Road
Rumson, New Jersey 07760-1689

Rumsonnj.gov

ZONING BOARD OF ADJUSTMENT **VARIANCE APPLICATION INSTRUCTIONS**

*** MIN. FIFTEEN (15) DAYS PRIOR TO THE MEETING DATE, THE FOLLOWING ***
*** DOCUMENTATION MUST BE FILED WITH THE BOARD SECRETARY ***

- | | |
|---|------------------|
| 1. Denial Letter from the Land Use & Development Official. | 12 COPIES |
| 2. Completed Application Form | 12 COPIES |
| 3. Survey(s), Architectural Plan and Plot Plan. <u>Survey</u> must be prepared by a licensed professional current and show the property in its existing condition. <u>Architectural</u> Plans must include all elevations. <u>Plot plan</u> must include bulk schedule, setbacks and all proposed improvements. | 12 COPIES |
| 4. <u>PDF files</u> of #3 above. | E-Files |
| 5. Consent Form, if applicant is NOT the owner (Must be notarized). | 1 COPY |
| 6. Copy of the intended Public Notice (Example attached). | 1 COPY |
| 7. Obtain list of all property owners within 200 feet of your property, as well as public utilities. Contact the Board Secretary for this information. | 1 COPY |
| 8. Proof of current taxes (https://www.rumsonnj.gov/finances) | 1 COPY |
| 9. Variance Application Fees Paid. | 1 COPY |
| Escrow Fee Paid. | |
| SEPARATE CHECKS, MADE OUT TO THE BOROUGH OF RUMSON | |

At this point, the application can be reviewed for completeness and, if deemed complete, will be given a tentative Hearing Date before the Board.

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- | | |
|---|---------------|
| 10. After receiving a Hearing date (and a MINIMUM of TEN (10) calendar days prior to the hearing): | |
| • A copy of the Public Notice must be sent BY CERTIFIED MAIL to all property owners, and utilities. (SUBMIT all GREEN & WHITE SLIPS with the Affidavit of Service) | |
| • Public Notice must be published in the Asbury Park Press or the Two River Times | |
| 11. Affidavit of Service, must be notarized | 1 COPY |
| 12. Affidavit of Publication from the newspaper | 1 COPY |

*** Failure to meet the 10-day min. requirement will result in the cancellation of the Hearing ***

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*** An applicant may request a Waiver from submitting any of the Submission Requirements, in writing (provide reason) and submitted at the time of the application submission. The request for waiver will be reviewed by the Board at the next meeting and applicant will be notified of the Board's decision ***

*** Applications approved by the Board will be memorialized at the following meeting. It is the responsibility of the Applicant to make arrangements to post the Notice of Decision within 30 days of the Resolution ***

*** Plans that have been approved and memorialized by Resolution by the Board cannot be modified without further approval by the Board ***



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ZONING BOARD OF ADJUSTMENT

APPLICATION TIMELINE

Rumson Zoning Board Case #: _____
(Assigned at 1st hearing)

- Permit Application Denied: _____
- Board Application Received: _____
- Review for Completeness: _____
(Max 45 days)
- Scheduled Hearing Date: _____
(Max 120 days from #3)
- Date of Decision: _____
- Resolution Memorialized: _____
(Max 120 days from #3)
- Resolution sent to Applicant: _____
(Within 2 weeks)
- Public Notice of Decision: _____
(Within 30 days of signed Resolution)
- Appeal Period Complete: _____
(45 days after Public Notice)
- Date of Resolution Expiration: _____
(One year after memorialization)



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APPLICATION TO THE ZONING BOARD OF ADJUSTMENT

Name of Applicant

Email

Phone Number

Property Address

Block

Lot

Name of Owner (IF NOT APPLICANT)

A corporation, S-Corp, LLC or LLP MUST be represented by a licensed attorney in the State of New Jersey.

Applicant's Attorney and contact information (if any)

Applicant's Architect and contact information (if any)

Applicant's Engineer and contact information (if any)

Signature of Applicant or Agent

Date

Proposed plan

Hardship Encountered

Variances Requested



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BOROUGH OF RUMSON

ZONING BOARD OF ADJUSTMENT CONSENT FORM

IF THE APPLICANT IS NOT THE OWNER, THE OWNER MUST COMPLETE THIS FORM
AND BE SUBMITTED WITH THE APPLICATION.

I, _____, being duly sworn, certify that I am the owner of the property which is the subject of this application. I have authorized the applicant to make this application and I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant.

Therefore, permission is granted to _____, to present the proposed development plans.

Authorization is hereby given to the Borough of Rumson Board Members to inspect all or any part of the subject property with respect to any matters relating to the application.

Owners Signature

Sworn to and subscribed
before me on the _____
day of _____ 20____

Notary Public

(SEAL)



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BOROUGH OF RUMSON

200 Foot Property Owners List

I submit this request for a certified list of property owners within two-hundred (200') feet of:

Address _____

Block # _____ Lot # _____

Requestor's Information

Requestor's Name _____

Requestor's Address _____

Requestor's Phone _____

Requestor's Email _____

Signature _____ **Date** _____

The completed list will be produced/forwarded within 7 days of receipt and upon fee payment pursuant to NJ Statutory requirements. The list will be emailed unless requested otherwise.

A fee in the form of a check of ten dollars (\$10.00) payable to the Borough of Rumson is required. If the request is part of a Planning or Zoning Board Application, the fee included is the application fee.

For Office Use Only

DATE REQUEST RECEIVED

\$10.00 Fee Received ☐ Check # ☐ Cash

List Forwarded ☐ Mailed ☐ Emailed ☐ Picked Up

Date:



ZONING BOARD ESCROW ACCOUNT

Dear Zoning Board Applicant:

Upon submission of your Zoning Board application it may be reviewed by the Borough Engineer, Board Attorney and/or any other professional. Be advised that since there may be fees associated with this review, we require a deposit of \$1,500 at the time of application submission. These funds will be used to pay any professionals related to your project. Please understand that you will be responsible for payment to the Borough of Rumson for all review fees, even if you do not go forward with the application.

Please complete the bottom portion of this letter and return with your payment.

I, _____, have reviewed the above information and agree to pay any review fees associated with my board application. I further understand that additional funds may be requested if/when the balance of the \$1,500 falls below \$300.

(Signature)

(Print Name)

(Date)

(Address)

(Phone)

(Cell)

Project location: _____

Block: _____ Lot(s): _____



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**ZONING BOARD OF ADJUSTMENT
AFFIDAVIT OF SERVICE**

**STATE OF NEW JERSEY
COUNTY OF MONMOUTH**

I, _____, being duly sworn in according to law, upon my oath depose and say:

At least ten (10) days prior to _____ 20__, the hearing date set for the application of:

_____, to the Rumson Zoning Board of Adjustment for a variance, gave notice, by certified mail, to each of the property owners whose names and addresses are attached hereto of said application dated _____ 20__.

Said notice was sent to the last known mailing address as shown on the most recent tax list of the municipality in which their property is located.

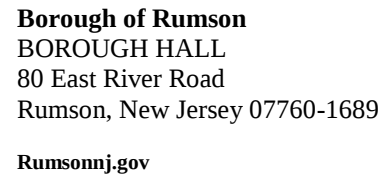
A copy of said notice is attached hereto and made part hereof.

Applicant

Sworn to and subscribed
before me on the _____
day of _____ 20__

Notary Public

(SEAL)



*** AFTER ZONING BOARD DECISIONS ***

- *** Plans that have been approved and memorialized by Resolution by the Board
Cannot be modified without further approval by the Board ***



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Borough of Rumson
Zoning Board of Adjustment

Notice of Decision
(Example)

Please take notice that on _____ the Zoning Board of Adjustment of the Borough of Rumson formally adopted a resolution memorializing the action of the Board taken at its _____, granting

_____ approval to:

The location of the premise in question is in the _____ Zone as shown on the Borough Tax Map, Block ___, Lot ___ and commonly known as _____ Rumson, New Jersey.

Please be advised that a copy of the above referenced Resolution is on file with the Zoning Board of Adjustment at the Rumson Municipal Building, 80 East River Road, Rumson, New Jersey and are available for inspection during regular business hours.

By: _____

Dated: _____



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Borough of Rumson
Zoning Board of Adjustment

REQUEST FOR RELEASE OF ESCROW

Please take notice that on _____, the Zoning Board of Adjustment of the Borough of Rumson formally adopted a **Resolution** #_____ memorializing the action of the Board for:

Re: (Name)_____

(Address)_____, Rumson, New Jersey.

Block ___, Lot ___, Zone ____

As required, the **Notice of Decision** was advertised in the (APP / Two River Times) on (Date)_____ and the Affidavit of Publication was forwarded to the Zoning Board Secretary. The 45-day appeal period was concluded on (Date)_____.

At this time, the undersigned hereby requests the release the remainder of the initial Escrow Fund to be refunded to:

_____ Same as Above

_____ (Name)_____

(Address)_____

Signature:_____

Dated: _____