

**APPLICATION FOR SITE PLAN WAIVER
BYRAM TOWNSHIP PLANNING BOARD**

Site plan waiver may be granted in the event of (1) a change in occupancy or tenant, but no change in use; or (2) a change in use that is permissible in the zone in which the property is located and such change does not involve a change in one or more of the items set forth in §215-55B of the Byram Township Site Plan Review ordinance. To request a site plan waiver, an applicant must complete this form.

Application No. _____ Date Filed: _____

To the Applicant: The following must be submitted to the Board Secretary at least 10 days prior to the hearing:

Application Fee: \$125.00 if change in use is proposed *
 \$ 50.00 if change in use is not proposed

*Initial Escrow Deposit: \$250.00 (Additional costs may be assessed if Planning Board consultants are required to review the application)

Please fill out 2 separate checks for each. Payable to: The Township of Byram

6 Copies of the Following must be submitted to the Secretary

- Complete Application
- Official Tax Map — Depicting the location of said property
- Site Plan if a change in use is proposed. This shall include parking layout, shall be latest revision and include the name and address of the preparer.
- Floor Plan — Supply both the current and proposed plans. You must include the name and address of the preparer of said plans. Self drawn/ hand drawn plans are acceptable
- Details of provisions of refuse disposal and recycling in connection with the proposed tenant

1 Copy of the Following must be submitted to the Board Secretary

- Certification from Tax Collector indicating all taxes are paid to date
- If the property owner is other than the applicant, the owner must submit a letter stating the Applicant has authority to submit the application.

If you are incorporated, you must be represented by an Attorney. MLUL 27.2-b

1. Applicant's Name: _____
Address: _____
Phone Number: _____ Fax No. _____
E-mail address: _____

2. Name and Address of present owner (if other than #1 above)
Applicant's Name: _____
Address: _____
Phone Number: _____ Fax No. _____
E-mail address: _____

3. Interest of Applicant if other than owner: _____

4. Location of site: _____

5. Tax Map Block: _____ Lot Number(s) _____

6. Area of entire tract: _____

7. Deed restrictions that apply or are contemplated. (If no restrictions, state "none", if "Yes", attach copy) _____

8. Information concerning the proposed use as follows:

Name of proposed tenant: _____

What is the proposed use for this space: _____

Hours of operation: _____

Parking requirements as per §240-38 of Ordinance: _____

Previous Tenant/Occupant: _____

Parking requirements of previous tenant/occupant as per §240-38 of Ordinance:

Square footage of space: _____

9. Total Parking Spaces Available: _____

Is tenant assigned parking: No _____ Yes _____

If parking is assigned, please indicate number and/or location of parking spaces by its lease, and the details of any such requirements: _____

10. If there are other uses at this site, please indicate the following:

How many: _____ Hours of Operation: _____ Sq ft: _____

Number of parking spaces required of each tenant/occupant calculated as per §240-38 of Ordinance. (Attach separate sheet).

Total number of spaces available: _____

A list of tenants at this location and the above information may be submitted on a separate sheet of paper. This information can be obtained from the landlord/owner of site.

11. Signage change: Yes _____ No _____

(If yes, give details) – Signage plan is to be included with the application

12. Are any changes proposed to the exterior of the building:

Yes _____ No _____

(If yes, describe the proposed changes and annex hereto elevations drawings depicting such changes).

13. Will there be any additional mechanical systems installed at the proposed site:

No _____ Yes _____

If yes, indicate how and where such mechanicals will be located (to be shown on site plan or architectural drawings)

14. Will there be deliveries to the proposed site: No _____ Yes _____

If yes, indicate size of truck utilized, frequency and time of deliveries.

15. Will there be any additional storm drainage installations as a result of the proposed use: No _____ Yes _____

If yes, describe such installations: _____

16. Will there be any increase in storm water runoff as a result of the proposed use:
Yes _____ No _____
If yes, provide calculations as to same. _____

17. Will there be any change in vehicular traffic circulation patterns within the site as a result of the proposed use:
Yes _____ No _____
If yes, describe the change(s) and provide a diagram with respect to same.

18. Will there be any redirection of storm water runoff as a result of the proposed use: Yes _____ No _____
If yes, describe same. _____

19. Will there be any changes in landscaping, buffering or lighting as a result of the proposed use: No _____ Yes _____
If yes, describe the change(s) and provide a diagram with respect to same.

20. List of maps (tax map and site plan which will include parking) and other materials, including floor plan, accompanying application.

	Title	Prepared By	Number of Pages
1.			
2.			
3.			
4.			
5.			

Signature of Applicant

Date

Zoning Officer Approval: _____

or Forward to Planning Board

Zoning Officer Signature

Date



Certification of Taxes

This form is to be signed by the Tax Collectors Office.

Date: _____

Name: _____

Address: _____

Block: _____ Lot: _____

Taxes are Paid in full through the _____ quarter for the year _____.

(Collector's Office)

W-9

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Form fields for business name, address, requester's name, and TIN.

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3. Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Form boxes for Social security number and Employer identification number.

Part II Certification

Under penalties of perjury, I certify that:

- 1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here Signature of U.S. person Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity (and not the entity,

ONLY ONE COPY REQUIRED

**Client Account Manager
Sub Account Request Form**

Skylands Community Bank

Account Assignment	
Branch #	203
Officer #	
Cash Mgmt. Contact	

SECTION ONE – Master Account Information

Acct. Title	TOWNSHIP OF BYRAM	Account #	120011529
Address	10 MANSFIELD DRIVE	Phone #	973-347-6446
City, St, Zip	STANHOPE NJ 07874		

Check One:

<input checked="" type="checkbox"/> Principal/Escrow	
Sub Acct. Product #	
Group ID#	

OR

<input type="checkbox"/> Landlord/Tenant	
Sub Acct. Product #	
Building ID #	
Apt. #	
Lease Exp. Date	

SECTION TWO – Sub Account Information (to be completed by master account holder)

Name (Primary)		Taxpayer I.D. #	
Name (Secondary)		Taxpayer I.D. #	
Address			
City, St, Zip			

Under penalties of perjury, I certify that (1) 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 (2) 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 (3) I am a U.S. Person (including a U.S. resident alien).

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 or dividends on your tax return.

*

Signature (Primary Sub Account Holder)

Date

SECTION THREE – Funds Direction (to be completed by master account holder)

New Account

You are hereby authorized and directed to deposit the sum of \$ _____ into Sub Acct. # _____

The Master Account holder hereby requests that Skylands Community Bank open a Sub Account linked to the above Master Account. The Sub Account shall be governed by the Master Account signature card and the Client Account Manager Additional Terms and Account Fee Schedule as amended from time to time.

Master Account Holder Signature

Date

BANK USE ONLY

Sub Acct. #		Opening Date	
Opened By		Branch #	

TRUST SIGN & DATE WHERE INDICATED BY *