



# Site Plan Application

Raritan Township  
 Planning Board and Board of Adjustment  
 1 Municipal Drive, Flemington, N.J. 08822  
 Phone: (908) 806-6100 Fax: (908) 806-8031

Location of Tract (Road): \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Fax: \_\_\_\_\_

I Hereby Authorize \_\_\_\_\_ (Name of Applicant) to apply for the herein described  
 plats of my property for site plan review \_\_\_\_\_ (Signature of Owner)

**Engineer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Type of Application:**

Minor Site Plan	Conditional Use		
Sketch Site Plan	Preliminary Site Plan	Final Site Plan	

Name of Business or Activity: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Acreage of Entire Tract: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Estimated time for completion after approval \_\_\_\_\_ Estimated Cost \_\_\_\_\_

**Type of Proposal:**

New Structure	Off-Street Loading	Parking Lot
Alterations	Expansion	Change of Use

Located On: Municipal \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ road.

List Deed Restrictions That Apply or are Contemplated (Please Attach Copies): \_\_\_\_\_

Improvements: (List all proposed site improvements and utilities and intentions to install or post performance guarantee prior to Final approval):

\_\_\_\_\_

Plat Submission (List maps and other exhibits accompanying this application):

\_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please see the appropriate checklist for other submission requirements. 7/6/03*

For Office Use Only:  
 Planning Board: \_\_\_\_\_ Board of Adjustment: \_\_\_\_\_  
 File Number: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Scheduled For: Completeness Review: \_\_\_\_\_ Hearing: \_\_\_\_\_