



TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY

401 CHAMBERS BRIDGE ROAD BRICK NJ 08723

LAND USE APPLICATION

ABRIDGED SITE PLAN

ABRIDGED SITE PLAN

Application # _____

Date of Submission: ____/____/____
Mo. Day Year

FILING FEE \$ _____

Change of Use _____

Addition _____

A. Applicant

Name

Street Address

City State Zip Code

Telephone Email

(If not owner, indicate interest.)

Property Owner

Name

Street Address

City State Zip Code

Telephone Email

B. Previous Appeals or Activity

Yes **No**

If yes, date: ____/____/____
Mo. Day Year

1. Site Plan Case No: _____

Date: ____/____/____
Mo. Day Year

Resolution #: _____

2. Exemption: **Change of Use**
 Addition

Date: ____/____/____
Mo. Day Year

Objection
 No Objection



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C. Site Location

Street Address _____

Tax Map # _____

Block(s) _____

Lot(s) _____

Zone District

Residential

- R-5
- R-7.5
- R-10
- R-15
- R-20
- R-R-1
- R-R-2
- R-R-3
- R-M

Business

- B-1
- B-2
- B-3
- B-4

Other

- H-S
- VZ
- Mantoloking Street Scape
- Herberstsville Street Scape

Office Professional / Light Industrial

- O-P
- O-P-T
- M-1

D. Description of Application:

1. Uses (All Units)

Existing Size

Proposed Size

| | | |
|-------|----------------------|----------------------|
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |



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2. If any of the following uses are existing or proposed please provide the following:

| | | |
|-----------------------|-------------------------|-----------------------|
| | No. of Employees | No. of Chairs |
| Barber / Beauty Salon | <input type="text"/> | <input type="text"/> |
| | No. of Employees | No. of Customer Seats |
| Restaurants, etc. | <input type="text"/> | <input type="text"/> |
| | No. of Washing Machines | |
| Laundromat | <input type="text"/> | |

Commercial Recreation

(List number and type of machines, activities, tables, size of food court, etc.)

3. Existing Number of Parking Spaces

4. Addition Size Sq. Ft. # of Stories

5. Operating Hours:
Existing Proposed

E. Certificate of Taxes Paid to Date Attached

F. Material to Accompany Application:

1. Application Fee - \$300.00 Escrow Fee: \$300.00
2. Bureau of Fire Safety Review Fee - \$75.00
3. For Change of Use Only – Affidavit of Service together with original certified list, certified mail receipts, and copy of notice.
4. Completed W-9 Form.



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G. Checklist:

1. _____ Copy of Survey showing current site conditions or previously approved site
2. _____ Date of Plan, with any revisions, scale and north arrow.
3. _____ Block and Lot Number.
4. _____ Square footage of property.
5. _____ Location and size of all existing and proposed structures.
6. _____ Proposed floor plan.
7. _____ Location and dimensions of all parking spaces.
8. _____ Location and dimensions of all dimensions of all driveways and fire lanes.
9. _____ Location of all existing and proposed signs.
10. _____ Location of any easements of record.
11. _____ Location and dimensions of all existing and proposed trash storage areas.
12. _____ Existing and proposed landscaping.
13. _____ Existing and proposed buffering.



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H. Affidavit of Applicant:

State of New Jersey

County of Ocean

_____ of full age being duly sworn according to law, on oath deposed and says, that all of the above statements and the statements contained in the paper submitted herewith are true.

Sworn and Subscribed to:

Before me this _____ day:

Of _____, 20_____:

(Applicant to sign here)

H. Authorization of Property Owner:

(If anyone other than the above owner is making this application, the following authorization must be executed.) To the approving Board of Township of Brick:

_____ is hereby authorized to make the within application.

Dated: _____

Owners Signature

Sworn and Subscribed to:

Before me this _____ day:

Of _____, 20_____:

J. Address all correspondence concerning this application to:

- Applicant Owner Attorney

Name and Firm _____

Address _____



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NOTICE FOR CHANGE OF USE

DATE: ____ / ____ / ____
Mo. Day Year

TO: _____

ADDRESS: _____

You are hereby notified that _____ has made application for an abridged site plan to the Brick Township Planning Board.

TO: Change the Use of _____

From: _____

to: _____

covering property located at: _____

Township of Brick, New Jersey, also known as

Lot _____ Block _____

Notice is hereby given that the application and related documents are available for inspection between the hours of 9am and 4pm, Monday thru Friday at the office of the Secretary of said Planning Board at the Municipal Building.

Your comments regarding this application may be submitted in writing within 10 days of the date of this notice to:

Brick Township Planning Board
401 Chambers Bridge Road
Brick, NJ 08723

It should, however, be noted that any objections to a complying site cannot affect the decision of the Board.

Signed _____