

TOWNSHIP OF MOUNT LAUREL
APPLICATION TO WAIVE SITE PLAN REVIEW

DATE FILED:
SPW#:

Application and ___ copies o Site Plan and any other attachments shall be filed. **FILL IN APPLIC. COMPLETELY!**
(Applicant must be owner or authorized agent for the owner and not a tenant.)

APPLICANT'S NAME _____
STREET _____ CITY _____
STATE _____ ZIP _____ PHONE _____ EXT _____

NAME & ADDRESS OF PRESENT OWNER (if other than above)
NAME _____
STREET _____ CITY _____
STATE _____ ZIP _____ PHONE _____ EXT _____

SITE ADDRESS _____ STORE/SUITE # _____
BLOCK _____ LOT _____ CURRENT ZONE: _____

VARIANCES GRANTED? YES ___ NO ___ DATE: _____ NO. _____

DESCRIBE IN DETAIL THE PROPOSED CHANGE AND REASON FOR WAIVER REQUEST. ATTACH PLAN(S) CLEARLY ILLUSTRATING THE PROPOSED CHANGE, LOCATION AND OTHER DETAILS OF THE ENTIRE SITE THAT ARE APPLICABLE.

IS THIS AN EXISTING TENANT? YES ___ NO ___ EXISTING TENANT NAME _____

If NO, complete the following applicable to this application:
FORMER TENANT _____ NEW TENANT _____
FORMER USE _____ NEW USE _____

HAS THE OWNER CHANGED? YES ___ NO ___ FORMER OWNER NAME _____

OF EMPLOYEES ___ # OF DESIGNATED PARKING SPACES ___ #TOTAL PARKING ON SITE ___
If restaurant: # of chairs ___ # of tables ___

THE UNDERSIGNED AGREES TO COMPLY WITH ALL PROVISIONS OF THE TOWNSHIP OF MT. LAUREL ORDINANCES, ITS AMENDMENTS, AND ITS BUILDING CODES.

SIGNED _____ TITLE _____
PRINT NAME _____ PHONE _____

\$100 FILING FEE is to be submitted with this application.
An escrow fee as regularly required for site plans will be required in the event site plan review is not waived.

FEE RECEIVED THIS ___ DAY OF _____, 20___
RECEIVED BY _____, TITLE _____

ACTION BY CONSTRUCTION OFFICIAL:

REQUEST APPROVED ___ DATE _____ REQUEST DENIED ___ DATE _____

BOARD ACTION REQUIRED? YES ___ NO ___ OTHER _____

COMMENTS: _____

SIGNED _____ DATE _____

RH MM RK M.U.A. PERMITS