

**TOWNSHIP OF MOUNT LAUREL  
APPLICATION TO WAIVE SITE PLAN REVIEW**

**DATE FILED:  
SPW#:**

Application and \_\_\_ copies of 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 THE PROPOSED WORK :** \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

**\$100.00 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 \_\_\_\_\_

PLANNING BOARD ACTION REQUIRED. YES \_\_\_ NO \_\_\_ OTHER \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DR MM RK M.U.A. PERMITS