

**TOWNSHIP OF MOUNT LAUREL  
ZONING BOARD OF ADJUSTMENT  
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 \_\_\_\_\_

ZONING BOARD ACTION REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER \_\_\_\_\_

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

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

DR                      MM                      RK                      M.U.A.                      PERMITS