



BOROUGH OF CALIFON
HUNTERDON COUNTY, NJ
PLANNING/ZONING BOARD
Site Plan Application

Fee Paid \$ _____ Date Received _____

Deposit Paid \$ _____ Date Received _____

1. Date of Application: _____

2. Type of Application: (check applicable items) ___ Minor Site Plan ___ Concept Plan
___ Preliminary Site Plan ___ Final Site Plan ___ Conditional Use / Change of Use
___ Site Plan Waiver

3. Applicant's name, address, E-mail address and phone number:

4. Present owner's name, address, E-mail address and phone number (if different from applicant):

5. Attorney's name, address, E-mail address and phone number (if applicable):

6. Location of Site:

Street Address: _____ Block _____ Lot _____ Zone _____

7. Area of entire tract: _____ SF _____ Acres

Area of building and pavement _____ and square feet of floor area _____

8. Are new signs to be erected? Yes _____ No _____

9. List intended uses of site: _____

10. Are there any recorded restrictions which apply to the tract which are not shown on the plans?
Yes _____ No _____

11. Name, address, E-mail address, phone number and title of person preparing the plat:

12. Has this tract been involved in a prior application before the Planning/Zoning Board?
Yes ___ No ___ if yes _____ Date _____
_____ Type of application _____

Action taken (attach copy of resolution)

13. I hereby certify that the above information is correct to the best of my knowledge.

Applicant's Signature

Date

Notary