

NEW JERSEY DEPARTMENT OF TRANSPORTATION
LOT CONSOLIDATION OR SUBDIVISION APPLICATION

*** PLEASE PRINT OR TYPE *****

Application No. _____
Control Section _____
Amount Received _____
Check No. _____
Date Received _____

Department Use Only

APPLICANT _____

(Lot owner)

(Street)

(City)

(State)

(Zip Code)

(Phone Number)

LOCATION OF LOT CONSOLIDATION OR SUBDIVISION:

BLOCK(S): _____ LOT(S) _____

MUNICIPALITY: _____ COUNTY: _____

ROUTE: _____ DIRECTION: _____ MILEPOST: _____

DESCRIPTION: Between _____

THE TYPE OF PERMIT REQUESTED IS: () LOT CONSOLIDATION () LOT SUBDIVISION
 (Check one)

APPLICATION CHECK LIST
 (please include all information listed)

APPLICANT
 (check here)

DEPT. USE ONLY

- | | | |
|---|--------|--------|
| (a) Two copies of detailed plans at a scale of one inch equals 30 feet (1=300 for metric) or one inch equals 50 feet (1=600 for metric).
(Sheet size not to exceed 24" (594 millimeters) by 36" (841 millimeters). | () | () |
| 1. Site location map (The key map must reference at least two cross streets on each side of the property, milepost, north arrow and scale). | () | () |
| 2. Zoning designation for the lot | () | () |
| 3. Copy of tax map showing existing block number, lot number, and lot lines | () | () |
| 4. Topography on the lot and its frontage | () | () |
| 5. Length of lot frontage along highway and frontage of next adjacent non-single, family residential lots | () | () |
| 6. Locations of existing lot driveways | () | () |
| 7. Curblin openings | () | () |
| 8. Driveway width | () | () |
| 9. Driveway alignment with respect to the highway | () | () |
| 10. Edge clearance | () | () |
| 11. Corner clearance | () | () |
| 12. Driveway and island radii | () | () |
| 13. Number of existing units for residential use; rooms for hotels and motels; square footage for retail, office, and warehouse; or appropriate unit of measure for other land use | () | () |
| 14. Type of vehicles anticipated | () | () |
| 15. Percentage of traffic anticipated to use each access point on each lot | () | () |
| 16. Dimensions from lot line to edge of pavement | () | () |
| 17. Copies of transmittals of duplicate applications to the municipal clerk and county planning board | () | () |
| 18. A copy of the deed or the preliminary subdivision approval. | () | () |

FEES:

PLEASE SUBMIT *ONLY* THE APPLICATION FEE WITH THIS APPLICATION. SUBMIT CHECK OR MONEY, PAYABLE TO:

NEW JERSEY DEPARTMENT OF TRANSPORTATION

CASH WILL NOT BE ACCEPTED

FEES ARE NOT REFUNDABLE

APPLICATION FEE \$200

PERMIT FEE \$50

THE DEPARTMENT WILL NOT ACCEPT THIS APPLICATION IF IT IS NOT SIGNED.

IF THE SIGNATURE BELOW IS AN AUTHORIZED REPRESENTATIVE OF THE LOT OWNER, PLEASE ATTACHED A COMPLETED POWER OF ATTORNEY FORM.

AUTHORIZED REPRESENTATIVE: _____

(Name of Lot Owner)

(Street)

(City)

(State)

(Zip Code)

(Phone Number)

ENCLOSED IS THE \$ _____ APPLICATION FEE.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. I AM AWARE THAT, IF ANY OF THE ABOVE INFORMATION IS FALSE, I AM SUBJECT TO PUNISHMENT. I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE NEW JERSEY DEPARTMENT OF TRANSPORTATION AS SET FORTH IN N.J.A.C. 16:47, THE ACCESS CODE. THE PERMIT WILL ONLY APPLY TO LOT CONSOLIDATION OR SUBDIVISION. THE PERMIT WILL NOT AUTHORIZE ANY PHYSICAL CHANGE, ONLY CHANGES TO LOT LINES. ANY CHANGE TO AN EXISTING ACCESS POINT OR THE ADDITION OR REMOVAL OF AN ACCESS POINT MUST BE AUTHORIZED BY AN ACCESS PERMIT INSTEAD [N.J.A.C. 16:47-4.40(h)].

(Signature of owner or authorized representative)

(Print of type your title)

(Print or type your name)

(Date)