

**West Windsor Township**  
**Department of Community Development**  
**Division of Land Use**

**ZONING BOARD OF ADJUSTMENT CHECKLIST**

**THE FOLLOWING MAY BE HELPFUL IN YOUR PRESENTATION  
TO THE ZONING BOARD OF ADJUSTMENT:**

In seeking relief from the existing regulations established by the Municipal Land Use ordinance, you must tell the Board what it is you are requesting, and you must present evidence to enable the Board to make a determination that you are entitled to the relief requested. This process, by law, is in the nature of a judicial hearing, and accordingly, your cooperation and respect will be appreciated. Any questions you may have during the hearing may be addressed to the Chair or the Board's attorney.

It is your burden to meet the legal criteria for entitlement to the relief you are seeking. Please note that the criteria will change depending on the variance type you are requesting. In general, you will be requested to prove the "positive reasons" for granting your application, as well as the "negative reasons", that granting will not be substantially detrimental to the public good nor to the intent of the zoning plan and ordinance.

All testimony is presented under oath. An electronic recording is made as a record of these proceedings, so please speak into the microphone. You may present a brief description of the nature of your application and then you are to present whatever testimony, witnesses and exhibits you wish the Board to consider. The Board members may ask questions of you and your witnesses. Other persons, including members of the public, also have the right to ask questions, make statements or present testimony for the Board's consideration. The applicant has the right to cross examine anyone who testifies including the board professionals and members of the public.

Upon completion of the testimony and related questions, the Board will close the public portion of the hearing and enter a deliberative session during which there will be no further testimony or argument unless the Board directs it. The deliberation and decision of the Board will take place in public. To confirm a decision taken by vote of the Board, a formal resolution will be prepared by the Board attorney for memorialization at the next regular meeting, which concludes the Board's action at that time.

# West Windsor Township

Department of Community Development – Division of Land Use

## ZONING BOARD OF ADJUSTMENT CHECKLIST Bulk Variances (“C” type) Use & Non-Use Variances (“D” type)

APPLICATION NAME: \_\_\_\_\_

SUBJECT PROPERTY STREET ADDRESS/LOCATION: \_\_\_\_\_

Application No.: ZB - \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Variance Requested (*check all that apply, see Page 3 for definitions*):  
C-1 \_\_\_\_\_ C-2 \_\_\_\_\_  
D-1 \_\_\_\_\_ D-2 \_\_\_\_\_ D-3 \_\_\_\_\_ D-4 \_\_\_\_\_  
D-5 \_\_\_\_\_ D-6 \_\_\_\_\_

Applications shall be submitted to the Township Land Use Division during “Open Window Week” (The week of the second Wednesday of each month).

An application shall not be considered complete until **ALL** the documents and information listed below have been submitted and the applicant receives a letter from the Township Land Use Office deeming such application complete (letter deeming application complete or incomplete to be sent within 45 days from receipt of these submission requirements listed below).

**PLEASE SUBMIT ONE (1) ORIGINAL COPY OF THE INFORMATION REQUESTED BELOW:**

### **Submission Requirements:**

Not  
Provided Applicable Waiver\*

- |       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | 1. Completed original “Application to West Windsor Zoning Board of Adjustment”.  |
| _____ | _____ | _____ | 2. Completed “c” Bulk Variance Application ( <i>if applying for “c” Variance</i> ).  |
| _____ | _____ | _____ | 3. Completed “d” Variance Application ( <i>if applying for “d” Variance</i> ).   |
| _____ | _____ | _____ | 4. Fees: Checks made payable to West Windsor Township.   |
| _____ | _____ | _____ | A. Application Fee, \$100.00 for “c” Variance, \$1,000.00 for “d” Variance   |
| _____ | _____ | _____ | B. Escrow Fee – per variance request, \$250.00 for “c” Variance, \$3,500.00 for “d” Variance   |
| _____ | _____ | _____ | <b>Submit one (1) check for Application Fee(s) and one (1) check for Escrow Fee(s).</b>  |
| _____ | _____ | _____ | 5. One (1) original copy of folded and collated maps, plans and documentation showing the following:   |
| _____ | _____ | _____ | A. Key map with legible street plan showing location of subject property with north arrow.   |
| _____ | _____ | _____ | B. Accurate location of all property lines.  |
| _____ | _____ | _____ | C. Zoning classification of land.  |
| _____ | _____ | _____ | D. Tax map Block and Lot numbers.  |
| _____ | _____ | _____ | E. Location of existing and /or proposed houses, additions, driveways, pools, other buildings and structures with accurate distances from the property lines drawn to scale. |
| _____ | _____ | _____ | F. For adjoining properties, distance from structures to nearest property line of subject property. Names of owners on all adjoining property.                               |
| _____ | _____ | _____ | G. Location of existing and/or proposed septic systems and wells on property.  |

**West Windsor Township Zoning Board of Adjustment Checklist**

Provided      Not  
 Applicable    Waiver\*

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | H. Acreage of property.   |
| _____ | _____ | _____ | I. Location of all <i>easements, public right of way, greenbelt areas (as shown in the Conservation Element of the West Windsor Township Master Plan)</i> .   |
| _____ | _____ | _____ | J. Identify any trees that will be removed by species and size (caliper).   |
| _____ | _____ | _____ | K. Existing and proposed floor plans indicating overall dimensions and square footage for each floor. All existing and proposed architectural elevations. Indicate height of structure as defined in section 200-4 (Building Height) of the West Windsor Township Land Use Ordinance.   |
| _____ | _____ | _____ | 6. Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter.   |
| _____ | _____ | _____ | 7. Photos of property and existing structure (four sides).  |
| _____ | _____ | _____ | 8. Completed Agreement to Pay for Professional Review and Inspections.  |
| _____ | _____ | _____ | 9. Completed W-9 form.  |
| _____ | _____ | _____ | 10. Completed Residential Conformity Checklist.   |
| _____ | _____ | _____ | 11. Aerial photograph of subject property including lots within 200 feet of subject property. (Aerials can be acquired on-line at <a href="http://google.com">google.com</a> ).   |
| _____ | _____ | _____ | 12. NJDEP Letter of Interpretation/presence or absence of wetlands.   |
| _____ | _____ | _____ | 13. For D-4, D-5 and D-6 Variances, please submit tax map showing size of lots, square footage of dwellings and as to the extent known, height of dwellings and submit photos of all such dwellings identified on lots on both sides of the street of the subject property for at least five hundred (500) feet on either side of the subject property. |

***The following items are necessary for the Public Hearing and should be submitted to the Land Use Office by close of business of the day of the hearing (these items do not affect the completeness of the application):***

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | A. Certified list of property owners within 200 ft. of subject property.  |
| _____ | _____ | _____ | B. Original notice to property owners.  |
| _____ | _____ | _____ | C. Affidavit of publication from <i>The Princeton Packet</i> .  |
| _____ | _____ | _____ | D. Certified mail receipts showing postal date stamp from letters sent to property owners and any green receipt cards from the post office. |
| _____ | _____ | _____ | E. Original of Affidavit of Proof of Service.   |

\*If waiver is requested, please attach written statement explaining why waiver should be granted.

\* \*Once the initial copy of the application(s), plans and documentation has been submitted, the Land Use Office will review the package for accuracy. A letter will be then be sent to the applicant requesting any changes if necessary and indicating the total number of copies of documentation needed. When the requested copies are received by the Land Use Office, the application will be deemed complete and the application will be scheduled for the next available meeting of the Zoning Board of Adjustment. (The Zoning Board of Adjustment meets the first Thursday of each month at 7:30 p.m. at the West Windsor Township Municipal Building, 271 Clarksville Road, West Windsor, NJ 08550).

<b><u>Variance</u></b>	<b><u>Type</u></b>	<b><u>Municipal Land Use Law (MLUL)</u></b>
C-1	Hardship	<p>40:55D-70C(1)</p> <p>Where: (a) by reason of exceptional narrowness, shallowness or shape of a specific piece of property, or (b) by reason of exceptional topographic conditions or physical features uniquely affecting a specific piece of property, or (c) by reason of an extraordinary and exceptional situation uniquely affecting a specific piece of property or the structures lawfully existing thereon, the strict application of any regulation pursuant to article 8 of this act would result in peculiar and exceptional practical difficulties to, or exceptional and undue hardship upon, the developer of such property, grant, upon an application or an appeal relating to such property, a variance from such strict application of such regulation so as to relieve such difficulties or hardship.</p>
C-2	Flexible	<p>40:55D-70C(2)</p> <p>Where in an application or appeal relating to a specific piece of property the purposes of this act would be advanced by a deviation from the zoning ordinance requirements and the benefits of the deviation would substantially outweigh any detriment, grant a variance to allow departure from regulations pursuant to article 8 of this act; provided, however, that the fact that a proposed use is an inherently beneficial use shall not be dis-positive of a decision on a variance under this subsection and provided that no variance from those departures enumerated in subsection d. of this section shall be granted under this subsection; and provided further that the proposed development does not require approval by the planning board of a subdivision, site plan or conditional use, in conjunction with which the planning board has power to review a request for a variance pursuant to subsection a. of section 47 of this act.</p>
D-1	Use	<p>40:55D-70D(1)</p> <p>In particular cases for special reasons, grant a variance to allow departure from regulations pursuant to article 8 of this act to permit; (1) a use or principal structure in a district restricted against such use or principal structure,</p>
D-2	Expansion Of Non-Conforming Use	<p>40:55D-70D(2)</p> <p>An expansion of a non-conforming use.</p>
D-3	Conditional Use	<p>40:55D-70D(3)</p> <p>Deviation from a specification or standard pursuant to section 54 of P.L.1975, c.291 (C.40:55D-67) pertaining solely to a conditional use.</p>
D-4	Floor Area Ratio	<p>40:55D-70D(4)</p> <p>An increase in the permitted floor area ratio as defined in section 3.1 of P.L.1975, c291 (C.40:55D-4).</p>
D-5	Density	<p>40:55D-70(5)</p> <p>An increase in the permitted density as defined in section 3.1 of P.L.1975, c291 (C.40:55D-4), except as applied to the required lot area for a lot or lots for detached one or two dwelling unit buildings, which lot or lots are either an isolated undersized lot or lots resulting from a minor subdivision.</p>
D-6	Height	<p>40:55D-70(6)</p> <p>A height of a principal structure which exceeds by 10 feet or 10% of the maximum height permitted in the district for a principal structure. A variance under this subsection shall be granted only by affirmative vote of at least five members, in the case of a municipal board, or two-thirds of the full authorized membership, in the case of a regional board, pursuant to article 10 of this act.</p>

# West Windsor Township

Department of Community Development – Division of Land Use

## RESIDENTIAL CONFORMITY CHECKLIST

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Block \_\_\_\_\_

Lot \_\_\_\_\_

### Property Survey to show:

- A. Building location, including all existing structures or additions, pools and fences
- B. Easements
- C. Septic location (if applicable)
- D. Overall lot dimensions
- E. Proposed improvements, drawn to scale indicating dimensions and distances from side, rear and front yards

### Complete areas below as appropriate (fences, sheds and decks exempt):

- A. Area of lot \_\_\_\_\_ Sq. Ft.
- B. Area of existing residence, excluding garage \_\_\_\_\_ Sq. Ft.  
*(include all floors except basement, unless basement is used as "living" space)*
- C. Area of first floor \_\_\_\_\_ Sq. Ft.
- D. Area of garage \_\_\_\_\_ Sq. Ft.
- E. Area to be constructed or improved \_\_\_\_\_ Sq. Ft.  
*(addition, renovation or basement)*
- F. Area of existing paved surfaces on lot \_\_\_\_\_ Sq. Ft.  
*(i.e. paved driveway, walkway to house, excluding public sidewalk)*
- G. Area of proposed paved surfaces \_\_\_\_\_ Sq. Ft.  
*(e.g. new driveway, walkways, patios, etc.)*

### OFFICIAL USE ONLY

Maximum Improvement Coverage \_\_\_\_\_ %

Floor Area Ratio \_\_\_\_\_ %

# West Windsor Township

Department of Community Development – Division of Land Use

## AGREEMENT TO PAY FOR PROFESSIONAL REVIEW AND INSPECTIONS

**APPLICANT:** Please provide required application fee/escrow deposit, sign below under the agreement to pay for this Professional Review of your application and return to the Manager of the Division of Land Use.

NAME OF APPLICATION \_\_\_\_\_

APPLICATION CONTROL NUMBER \_\_\_\_\_

AMOUNT OF APPLICATION FEE \$ \_\_\_\_\_

AMOUNT OF INITIAL ESCROW FEE \$ \_\_\_\_\_

**NOTE:** Please pay application and escrow fee by **separate checks** in order to insure prompt processing.

DATE FEE RECEIVED \_\_\_\_\_

PLANNING BOARD \_\_\_\_\_ ZONING BOARD \_\_\_\_\_

### FEE CALCULATION:

TYPE OF APPLICATION	APPLICATION FEE	ESCROW DEPOSIT	INSPECTION FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Corporate/Federal Tax I.D. # \_\_\_\_\_

\_\_\_\_\_ Individual/Social Security # \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant or Applicant's Agent (**Please print**)

*Applicant agrees to pay for all professional review/inspection costs incurred by West Windsor Township during the review and approval process for the above referenced development application pursuant to Section 82-3, Development Application Review Fee Ordinance, General Ordinances of West Windsor Township and Municipal Land use Law (MLUL) 40:55D-53.1 et seq.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

APPROVED  
WEST WINDSOR TOWNSHIP LAND USE DIVISION

\_\_\_\_\_  
Manager, Division of Land Use

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
-----------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

## Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7 <sup>2</sup>

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# West Windsor Township

Department of Community Development – Division of Land Use

## APPLICATION TO WEST WINDSOR ZONING BOARD OF ADJUSTMENT

\*\*\*\*\*

### FOR OFFICIAL USE ONLY

Application Control Number: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

\*\*\*\*\*

### SECTION 1 - INFORMATION REGARDING THE APPLICANT

A] The Applicant's full legal name is \_\_\_\_\_  
\_\_\_\_\_

B] The Applicant's mailing address is \_\_\_\_\_  
\_\_\_\_\_

C] The Applicant's telephone number is \_\_\_\_\_  
\_\_\_\_\_

D] The Applicant's fax number is \_\_\_\_\_

E] The Applicant is a: CORPORATION \_\_\_\_\_  
PARTNERSHIP \_\_\_\_\_ INDIVIDUAL (S) \_\_\_\_\_  
OTHER (please specify) \_\_\_\_\_  
\_\_\_\_\_

F] If the Applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.

G] The relationship of the Applicant to the property in question is: OWNER \_\_\_\_\_  
LEASEE \_\_\_\_\_ PURCHASE UNDER CONTRACT \_\_\_\_\_  
OTHER (please specify) \_\_\_\_\_  
\_\_\_\_\_

H] If the Applicant is not the owner of the property in question, the Applicant must obtain and submit a copy of this application signed by the owner in the space provided in Section 7B.

( **Note:** If the applicant is a corporation seeking relief under N.J.S.A. 40:55D-70 et seq., then the Applicant must be represented by a New Jersey Attorney).

**SECTION 2 - INFORMATION REGARDING THE PROPERTY**

A] The street address of the property is \_\_\_\_\_  
\_\_\_\_\_

B] The tax map Block Number (s) \_\_\_\_\_; the Lot Number (s) is \_\_\_\_\_

C] The zone in which the property is located is \_\_\_\_\_

D] The dimensions of the property are \_\_\_\_\_

E] The size of the property is \_\_\_\_\_square feet/acre(s).

F] Road frontage of the property is \_\_\_\_\_

G] The property is located:

1. within 200 feet of another Municipality \_\_\_\_\_
2. adjacent to an existing or proposed County road \_\_\_\_\_
3. adjacent to a State highway \_\_\_\_\_

(If any of the above apply, please make sure that all proper jurisdictional authorities ARE properly noticed and served - If there is any doubt on who should be notified, please contact the Planning/Zoning Office).

H] Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property: YES \_\_\_\_\_ NO \_\_\_\_\_

I] If the answer to "H" is YES, attach a copy of the written decision (s) adopted by the applicable Board.

**SECTION 3 - INFORMATION ABOUT REQUESTED RELIEF**

A] NATURE OF APPLICATION

1. Type of Variances:

“A” Variance

\_\_\_\_\_Appeal of Zoning Officer

\_\_\_\_\_Appeal of Alleged Error

“B” Variance

\_\_\_\_\_ Interpretation of Development Ordinance (Subdivision, Site Plan, Zoning)

“C” Variance

\_\_\_\_\_Bulk Variance (dimensional)

“D” Variance

\_\_\_\_\_Variance including, but not limited to a use or structure not permitted in a Zoning District; Floor Area Ratio, Density

2. a] Subdivision \_\_\_\_\_

b] Subdivision Application to follow \_\_\_\_\_

3. a] Site Plan \_\_\_\_\_

b] Site Plan Application to follow \_\_\_\_\_

4. Waiver of lot street frontage requirement \_\_\_\_\_

5. Exception to the official map \_\_\_\_\_

B] Please attach one copy of the following forms depending on the type of application being made:

1. (a) Appeal of Zoning Officer

(b) Appeal of Alleged Error

2. (a) Interpretation of Development Ordinance

(b) Interpretation of Zoning

3. Bulk Variance (dimensional)

4. Variance including, but not limited to a use or structure not permitted in a zoning district; Floor Area Ratio, or Density

**SECTION 4 - INFORMATION ABOUT EXPERTS**

The following information, although not required, is respectfully requested to enable the Board to facilitate the processing of this application.

A] Applicant's Attorney:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

B] Applicant's Engineer:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

C] Applicant's Architect:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

D] Applicant's Planner:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

E] Other Experts:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

\*\*\*\*\*

**SECTION 5 SUBMISSION OF APPLICATION:**

Please submit one (1) copy of the following material to the Planning/Zoning Office during "Open Window" week, which is the week of the second Wednesday of each month:

- A] \_\_\_\_\_ Application – signed (copy of agreement with owner if being purchased)
- B] \_\_\_\_\_ One (1) set of drawings (to scale) showing all adjoining properties affected and all features involved (i.e, dimensions of present and proposed buildings, location of all structures and distances between various structures and property lines, parking layout, etc.)
- C] \_\_\_\_\_ One (1) set of applications as required by Section 3 (B) (Request for A, B, C or D Variance) [Once your application is received by the Planning and Zoning office you will receive a certified letter from the Director of Community Development outlining what, if any, changes are required. Application and escrow fee amounts and number of copies of applications and plans needed to be deemed complete will be outlined in said letter].

**SECTION 6 - COMPLETE APPLICATION**

Once an application has been deemed complete, the following items need to be addressed at least 10 days prior to your meeting date.

- A] \_\_\_\_\_ "Notice" of all property owners within 200 feet via "Certified Mail – Return Receipt Requested"
- B] \_\_\_\_\_ Copy of notice to the official newspaper of the West Windsor Township Zoning Board of Adjustment (contact the Planning & Zoning Office for the name of the official newspaper)
- C] \_\_\_\_\_ Notification of State or County if proposed application borders State/County Road, or is within 200 feet of such roadway
- D] \_\_\_\_\_ Notification of adjoining County or Municipality if proposed application is located within 200 feet of the proposed application.

A complete application requires the following submissions to the Planning/Zoning Office **at least 3 days** prior to the scheduled meeting date.

- A] \_\_\_\_\_ Return receipts from Certified letters
- B] \_\_\_\_\_ Notarized Proof of Service
- C] \_\_\_\_\_ Proof of Publication (To be provided by the newspaper to which the notification was sent)
- D] \_\_\_\_\_ Person other than the owner makes a letter or power of attorney, in case appeal is made by person other than owner

\*\*\*\*\*

**SECTION 7 - VERIFICATION AND AUTHORIZATION**

A] Applicant's Verification:

I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are true. I am aware that if any of the foregoing statements are false, I am subject to punishment.

\_\_\_\_\_  
Applicant's Signature

B] Owner's Authorization:

I hereby certify that I reside at \_\_\_\_\_  
in the County of \_\_\_\_\_ and State of \_\_\_\_\_ and that I am  
the owner of all that certain lot, piece or parcel of land known as Block (s) \_\_\_\_\_  
Lot (s) \_\_\_\_\_ on the Tax Map of West Windsor, which is the subject of the above  
application, and that said application is hereby authorized by me .

\_\_\_\_\_  
Owner's Name (PRINTED)

\_\_\_\_\_  
Owner's Signature

Owner's Telephone and Fax number \_\_\_\_\_

**SECTION 8    ADDITIONAL ITEMS:**

Applicants, please take note of the following additional procedural requirements:

- A] All certified lists of property owners with 200 feet of the proposed application must be requested in writing from the Planning/Zoning Office. A fee of \$10.00 or \$.25 per lot, whichever is greater, is required for this service.
- B] Any use or "D" variance application requires the recordation of the hearing by a certified court reporter in accordance with a Resolution passed by the Zoning Board of Adjustment on November 8, 1978. The cost of such reporter must be borne by the applicant.
- C] Any corporate applicant seeking relief from the Zoning Board of Adjustment must be represented by a New Jersey Attorney.
- D] Attached is a sample notice form for all properties located within 200 feet of the proposed application.
- E] Attached is a Proof of Service form to be filled out by all applicants.

**PROOF OF SERVICE**

STATE OF NEW JERSEY  
COUNTY OF MERCER

\_\_\_\_\_ of full age, being duly sworn according to law,  
deposes and says, that he/she resides at \_\_\_\_\_  
in the Township of \_\_\_\_\_ in the County of \_\_\_\_\_  
and State of \_\_\_\_\_ that he/she is the applicant in proceeding before the Zoning  
Board of Adjustment, Township of West Windsor being an application under the Zoning Ordinance, and  
which relates to premises known as \_\_\_\_\_  
that he/she gave notice of this proceeding to each and all the owners of the property affected by said  
application, in the manner provided by law on \_\_\_\_\_ 20\_\_\_\_\_, A true copy of the  
notice and the names and addresses of those so notified are attached to this affidavit.

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Applicant



**TOWNSHIP OF WEST WINDSOR  
ZONING BOARD OF ADJUSTMENT**

Date: \_\_\_\_\_

**NOTICE OF HEARING OF APPLICATION**

In accordance with the requirements of the Township of West Windsor Zoning Ordinance and Section 40:55D-12 of the Revised Statutes of the State of New Jersey, notice is hereby given that an application has been filed by the undersigned with the Secretary of the Zoning Board of Adjustment, and is available for examination.

PLEASE TAKE NOTICE: That the undersigned has filed an application for development with the Planning Board of the Township of West Windsor for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on the premises located at \_\_\_\_\_

and designated as Block \_\_\_\_\_ Lot (s) \_\_\_\_\_ on the West Windsor Township Tax Map.

A public hearing has been set for \_\_\_\_\_ 20\_\_\_\_\_, at 7:00 p.m. in the West Windsor Township Municipal Building at 271 Clarksville Road (on the corner of Clarksville and North Post Roads) Princeton Junction, New Jersey. Any interested party may appear at the aforesaid hearing, either in person or by their attorney, and be given an opportunity to be heard with respect to the aforesaid application. All documents relating to this application may be inspected by the public Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m. in the office of the Division of Land Use, West Windsor Township Municipal Building at the corner of Clarksville and North Post Roads, Princeton Junction, New Jersey.

\_\_\_\_\_  
Applicant

# West Windsor Township

Department of Community Development – Division of Land Use

## REQUEST FOR BULK VARIANCE N.J.S.A. 40:55d-70c

-- ATTACH TO PLANNING OR ZONING BOARD APPLICATION

CONTROL NO. \_\_\_\_\_

Property Location \_\_\_\_\_ Zoning District \_\_\_\_\_

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

### District requirements

### Proposed

Lot Area \_\_\_\_\_

\_\_\_\_\_

Lot Frontage \_\_\_\_\_

\_\_\_\_\_

Lot Width \_\_\_\_\_

\_\_\_\_\_

Lot Depth \_\_\_\_\_

\_\_\_\_\_

Front Yard \_\_\_\_\_

\_\_\_\_\_

Side Yard \_\_\_\_\_

\_\_\_\_\_

Rear Yard \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

-- Complete A – D, (Attach support documents as required)

A. - In the space below, state the nature of the constraints imposed by the physical characteristics of the land under consideration (i.e. exceptional narrowness, shallowness or topographic conditions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B – In the space below, state any other extraordinary or exceptional situation or condition of the land involved which would constrain development in accordance with Zoning Regulations.

---

---

---

---

---

---

---

---

---

---

C - Explain how not granting this variance request would impose peculiar and exceptional practical difficulties or exceptional or undue hardship upon you.

---

---

---

---

---

---

---

---

---

---

D - Explain how the granting of this variance will not detrimentally affect the public good or substantially impair the intent and purpose of the Zone Plan and Zoning Ordinance.

---

---

---

---

---

---

---

---

---

---

# West Windsor Township

Department of Community Development – Division of Land Use

**REQUEST FOR VARIANCE INCLUDING, BUT NOT LIMITED TO A USE  
OR STRUCTURE NOT PERMITTED IN A ZONING DISTRICT,  
N.J.S.A. 40:55d-70d  
(For “d” Use and Non Use Variance)**

**--ATTACH TO ZONING BOARD APPLICATION**

**CONTROL NO.** \_\_\_\_\_

Property Location \_\_\_\_\_ Zoning District \_\_\_\_\_

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**--COMPLETE A - E, (Attach support documents as required)**

A - Describe below the specifics of the variance request.

---

---

---

---

---

---

B - Describe below the special reasons which exist that support the granting of the variance request.

---

---

---

---

---

---

C - Describe how the public interest will be served by the granting of the variance request.

---

---

---

---

---

---

