

**PLANNING BOARD OF THE BOROUGH OF FRANKLIN LAKES
BERGEN COUNTY, NEW JERSEY**
**Application for Preliminary/Final Site Plan for Commercial, Industrial
or Multi-Family Approval**

Appl.# _____ Date filed _____ Fee _____ Block _____ Lot(s) _____

A. APPLICATION IS HEREBY MADE FOR:

_____ Soil movement plan

_____ Preliminary/final major site plan approval for commercial, industrial
or multi-family unit

_____ Waiver, modification or amendment of an existing site plan

_____ Variances

B. Owner: _____

Address: _____

Tel: _____ Fax: _____

Applicant(s) if other than owner: _____

Address: _____

Tel: _____ Fax: _____

Name & address of person presenting
application: _____

Profession: _____

Tel: _____ Fax: _____

Name of Development: _____

C. Property description

Location: _____

Lot size: _____ Block: _____ Lot(s): _____

Tax map # _____

Size of building in square feet: _____ Stories: _____

D. Yard Dimensions – Proposed Development Application

Zone: _____

Minimum lot requirements: Area (sq. ft.): _____

Frontage: _____ Depth: _____

Proposed yard dimensions:

Principal building – Front: _____
Rear: _____ Side: _____
Maximum building height: Stories: _____ Feet: _____
Minimum habitable floor area per dwelling unit: _____
Maximum lot coverage: _____
Principal building %: _____ Principal & accessory building % _____

E. If application is for waiver, modification or amendment of an existing site plan, explain request: _____

F. Proposed land use: _____

Number of parking space required: _____ Number provided on lot: _____
Buffer requirement: _____
Buffer provided: _____
Area of and proposed uses on each floor: _____

Area and location of storage: _____

G. Description of proposed operations, including days and hours of operation: _____

H. Are any Deed restrictions applicable to the proposed use known or contemplated?
Yes _____ No _____ If yes, attach copy.

I. Previous action by Planning Board: Date: _____
Details: _____

Amendment
requested: _____

I. Does this development plan include or require a simultaneous application for another Borough approval? Yes _____ No _____. If yes, state type of

additional approval being sought: _____

J. List of maps and other material accompanying application and number of each.

<u>ITEM</u>	<u>NUMBER</u>
1)	_____
2)	_____
3)	_____
4)	_____
5)	_____

K. Does the final plat follow exactly the preliminary plat in regard to details and area covered? Yes _____ No _____. If no, indicate changes: _____

L. Signature of Applicant: _____

Signature of Owner(s): _____

Date of application: _____

ACTION OF BOARD

Date certified complete: _____

Date approved: _____ Date denied: _____

Chairman's Signature: _____

Administrative Officer's Signature: _____