



City of Sea Isle City

MUNICIPAL SERVICES - 2ND FLOOR

233 JOHN F. KENNEDY BLVD.

SEA ISLE CITY, NJ 08243

609-263-4461

Construction Dept.

(609) 263-1166 - Phone

(609) 263-1366 - Fax

gferrilli@seaislecitynj.us

CITY OF SEA ISLE CITY PLANNING BOARD

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Sea Isle City Planning Board

Applicants Last Name: _____
Property Address: _____
Date Submitted to PB Clerk: _____

Application Check List

Applicant must conform with the Checklist requirements contained at Local Code Section 30-1 and Exhibits thereof.

This Application Check List is provided to assist you in submitting a complete application package to the Planning Board. A complete Application Package shall consist of:

ONE (1) copy of this checklist (on top of package) plus one (1) each of the following items:

- _____ Check for Application Fees, made payable to the "City of Sea Isle City"
- _____ Check for Escrow Fees, made payable to "City of Sea Isle City".
- _____ W-9 form, completed and signed by the Applicant (one (1) copy, only)
- _____ PB-3 Application Fees and Escrow Fee Calculation Sheet
- _____ PB-4 Certification and Proof of Payment of Taxes

Plus TWENTY (20) sets of Application, with each set compiled of the following documents:

- _____ PB-1 SICPB current Application form, including signed and dated verification
- _____ PB-2 Survey, Plan, or Plat Affidavit
- _____ PB-5 Notice of Application for Development
- _____ PB-6 Certification of Service
- _____ PB-7 Proposed letter to "200 foot list"
- _____ Copy of 200 foot list obtained from Sea Isle City Tax Assessor
- _____ All plans, drawings, surveys, photographs, and similar documents upon which the Applicant proposes to rely in presenting the Application.

NOTE that all Application Packages must be submitted to the Board Clerk in twenty (20) complete sets, (1-original & 19-copies). Plans, drawings and similar documents must be folded (not rolled). Each set shall be bound together (rubber band, large clip or stapled). Component parts of the Application Package cannot be submitted separately; such Applications will be returned to the Applicant for completion, and may result in delay and additional costs in processing.

No later than ten (10) days before the hearing date, all documents on which the Application will be based must be on file with the Planning Board Clerk.

Finally: within TEN (10) Days prior to the date of the hearing, the Affidavit of Service PB-6 and all certified mail receipts and Proof of Publication must be submitted to the Planning Board Clerk.

**CITY OF SEA ISLE CITY
PLANNING BOARD**

Municipal Services – 2nd Floor
233 John F. Kennedy Boulevard
Sea Isle City, NJ 08243
(609) 263-1166

Location: _____

APPLICATION FORM
Date Received: _____

Block: _____

Lot: _____

APPLICATION FOR DEVELOPMENT :

ATTENTION: Applicants must read and comply with all the instructions on this application form and the accompanying sheets of instructions. It is the applicant's responsibility to comply with all requirements of this form, and all other applicable requirements of Local, State and Federal Law. Failure to comply with all such requirements shall constitute grounds for refusal to certify the application as complete, for dismissal or denial of the application. All information requested in this application must be provided. There is no exception to this requirement.

1. Name of Application (s): _____
Address: _____

Phone Number: _____ - _____ - _____ or _____ - _____ - _____

Owners (s) Name: _____

Owner (s) Address: _____

Note: Pursuant to N.J.S.A. 40:55D-3-3 and D-4, Applicant must be the legal or beneficial owner of the property, or the holder of an option or contract to purchase the property, or other person having and enforceable proprietary interest in the property. The applicant must be present at the hearing.

2. If the applicant is not the legal owner of the record, state whether applicant has contracted to purchase the subject property or holds a lease on the subject property, or has another enforceable Proprietary interest in the property. **(Documents evidencing the ownership or other status of the applicant must be attached hereto.)**

3. The applicant is (check one) a: _____ Corporation _____ Partnership _____ Individual
_____ LLC _____ Other

Note: If the applicant is a Corporation, it must be represented at the hearing by an attorney. In addition, an officer of the corporation, in addition to the attorney, must be present at the hearing to present testimony.

4. Pursuant to N.J.S.A. 40:55D-48.2, if the applicant is a corporation or partnership, the applicant must list below the names and addresses of all persons having a 10% or more interest and the percentage of interest held by each. Failure to comply with this requirement will subject the applicant to denial or dismissal of the application and a fine of \$1,000.00 to \$10,000.00

5. Has there ever been another application made before the Planning Board concerning this property: (check one): _____ Yes _____ No

If yes, what was the nature of the application: _____

Was application (check one): _____ Granted _____ Denied

6. Have there ever been applications made for governmental approval concerning this property: _____

If yes, what was the nature of the application: _____

7. SUBJECT PROPERTY: Street Address: _____

Block: _____ Lot: _____

Zone: _____

8. If applicant is represented by an attorney, state name, address and phone number of the attorney:

() _____ - _____

9. () Preliminary site plan approval
 () Final site plan approval
 () Minor Subdivision approval
 () Classification of sketch plat for major subdivision
 () Preliminary approval of major subdivision
 () Final approval of major subdivision
 () Hardship variance – N.J.S.A. 40:55D-70 © (1)
 () Benefits variance – N.J.S.A. 40:55D-70 © (2)
 () Issuance of building permit in bed of street, public drainage way, flood control basis or required public area – N.J.S.A. 40:55D-34
 () Issuance of permit for building or structure not related to street – N.J.S.A. 40:55D-36
 () Conditional use approval

10. If a variance is sought, state the section (s) of the ordinance from which applicant requests relief

11. Said property is (give dimensions and area) _____

And has the following structures (if known, so indicate; or indicate whether dwelling or building, stating use thereof) _____

12. Size of Proposed Building:

At Street Level: _____ Feet front: _____
Feet deep: _____ Height: _____
Stories: _____ Feet: _____

13. Setbacks of Building:

Front: _____ Rear: _____
Side: _____ Side: _____
% of Building Coverage: _____

14. Parking: Number of Existing Spaces: _____
Number of Proposed Spaces: _____
Number of Required Spaces: _____

15. Date property acquired: _____

16. If a variance(s) would be requested for hardship – N.J.S.A. 40:55D-70 © (1), state the exceptional conditions of property supporting the granting of the variance.

17. If a variance(s) would be requested based upon the public benefits resulting from the variance – N.J.S.A. 40:55D-70 © (2), state the public benefits and explain how the benefits will substantially outweigh any detriments.

18. If applicant is requesting any variance (under #9, #16, #17 above) supply a statement of facts showing why relief can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan and Zoning Ordinance.

19. All applicants must attach to this application a schedule showing the following information (if applicable)

Type of construction (check one): ☐ Frame ☐ Stone ☐ Brick ☐ Cement

Present use of existing building(s) and premises:

Describe any deed restrictions affecting this property:

Total proposed dwelling units:

Total proposed professional and/or business and/or commercial units:

Total proposed floor area:

Total proposed parking spaces:

A photograph(s) of land and building involved in the application. Names and addresses of all expert witnesses proposed to be used.

Proof of payment of all taxes due and owing on the premises:

20. A legible plot plan or survey to scale (not less than 1' = 50' or the property) indicating the existing and/or proposed structure with adjoining property and structures accompanying this application. Scale drawing of not less than 1/4" = 1' of the proposed building(s) of the existing structure indicating the changes, alterations or additions contemplated will be presented at the hearing, if relevant.

21. If applicant requests that the Planning Board waive any requirements of site plan review required under Ordinance No. 858 (1986) applicant shall state each requirement for which it seeks waiver, and state the reasons for the waiver. (Required fees may not be waived). Site Plan review requirements will not be waived for new construction. Rather, it will only be considered for modification or expansion of existing structures or improvements. A grant of your request will only result in a waiver of those requirements that the Planning Board feels are appropriately waived, and in no way relieves you of any other responsibilities or requirements which may pertain, such as for example, the need to obtain subdivision approval or the grant of any variances. Furthermore, all the usual requirements of obtaining a building or construction permit must also be complied with.

APPLICANT must sign the following certification:

**I certify that the foregoing statements made by me are true and complete. I am aware that
If any of the foregoing statements made by me are willfully false, I am subject to punishment.**

Applicant Signature

If applicant is not owner of the property, have owner sign below consent or file with application a letter signed by the owner consenting to the application.

The foregoing application is hereby consented to this _____ day of _____, 20__.

Owner of Property

Address

() _____ - _____
Phone

Sworn and subscribed before me
This _____ day of _____, 20__.

(Signature of person authorized to take oaths)

Applicant/appellant's Name and Address:

Owners Name and Address:

Subject Property – Street Address:

Subject Property – Block and Lot Number:

Block: _____
Lot(s): _____

APPOINTMENT OF AGENT

Do hereby appoint

(Party in interest)

As my Agent for all purposes concerning this matter, and do agree to accept, as my (our) own act and deed, all acts performed by said Agent concerning the matter.

Party in interest

Witness

Subscribed and sworn to
Before me, this _____ day of
_____, 20__.

Applicant/Appellant's Name & Address:

Owners Name & Address:

Subject Property – Street Address:

Subject Property – Block and Lot Number:

Block: _____

Lot(s): _____

AFFIDAVIT OF SERVICE AND PUBLICATION

Concerning the above, I, _____ upon my oath, according to law,
say: _____

1. I am the _____ in the above captioned matter.

2. The service of a copy of a Notice of Appeal or Application for Development has been made upon the following persons, in the manner designated:

Person Served

Mode of Service

3. Other Service of Public Notices were made as follows:

4. Attached hereto and made part hereof are personal acknowledgements, return receipts evidencing service, and an affidavit of publication by the official newspaper of the municipality.

5. I understand that the within is a sworn statement taken under oath, and any false statement contained herein may subject me to fine, imprisonment, or both.

Affiant

NOTARY AND SEAL

SEA ISLE CITY PLANNING BOARD
SURVEY/PLAN/PLAT AFFIDAVIT

State of _____ :
 _____ : ss.
 County of _____ :

Name of Appellant/Applicant: _____

Address of Subject Property: _____

Tax Block: _____ Lot(s): _____

 _____, being duly sworn according to law, upon
 his/her oath, deposes and says:

1. I am the owner of the property identified above, located in the City of Sea Isle City, New Jersey. I am the appellant/applicant for development in this matter.
2. I verify that the attached sealed survey/plan/plat prepared by _____ and dated _____ accurately reflects the physical condition of the property as of the date of this affidavit, and there have been no changes or alterations to the property since the date of the signed survey/plan/plat.
3. I make this affidavit in support of an appeal / application for development before the Sea Isle City Planning Board and understand that said Board shall rely on this Affidavit and the current accuracy of the said survey/plan/plat in considering the appeal/application for development of the property.

 Signature of Owner/Appellant/Applicant

Sworn and subscribed to before me
 this _____ day of _____, 20____.

 Notary Public

SEA ISLE CITY ZONING BOARD OF ADJUSTMENT / SEA ISLE CITY PLANNING BOARD
SCHEDULE OF APPLICATION FEES AND ESCROW FEES

NAME of Appellant/Applicant: _____

Address of Subject Property: _____

Tax Block: _____

Lot(s): _____

Please review the following schedule*, check ALL types of approvals sought, and total the amount due. At the time of filing your appeal or application, submit this completed form along with separate checks for total Application Fee(s) and total Escrow Fee(s), each check along with separate checks for total Application fee(s) and total Escrow Fee(s), each check made payable to "City of Sea Isle City". You must also submit a completed W-9 form. Thank you.

[*per Sea Isle City Land Use Ordinance No. 1598 (2016) Chapter XXVIII]

DESCRIPTION or TYPE of APPROVAL(S) SOUGHT	x	APPLICATION FEE	+	ESCROW FEE (ESTIMATES)	AMOUNT DUE
VARIANCES					
1. Appeals (40:55-70a)		\$ 350.00	+	\$ 1,000.00	
2. Interpretations (40:55D-70b)		\$ 350.00	+	\$ 1,000.00	
3. Hardship or Bulk (40:55D-70c)		\$ 500.00	+	\$ 1,500.00	
4. Use Variance (40:55D-70d) (Incl. floor area ratio)		\$ 200.00	+	\$ 1,500.00	
5. Permits (40:55D-34 & 35)		\$ 200.00	+	\$ 1,000.00	
6. Appeals (City Ordinances)		\$ 250.00	+	\$ 1,000.00	
PLANNING BOARD					
Each informal review		\$ 100.00	+	\$ 1,500.00	
SUBDIVISION					
1. Preliminary plat (major subdivision)		\$ 500.00	+	\$ 600.00 per lot	
2. Final plat (major subdivision)		\$ 450.00	+	\$ 1,500.00	
3. Minor subdivision (no more than 3 lots)		\$ 350.00	+	\$ 2,000.00	
4. Tax Map Maintenance Fee (per line)		\$ 100.00		n / a	
SITE PLANS					
1. Preliminary		\$ 500.00	+	\$ 3,000.00	
2. Final Plan		\$ 750.00	+	\$ 1,500.00	
3. Minor Site Plan		\$ 250.00	+	\$ 1,200.00	
OTHER					
Any special meeting at request the of appellant/applicant		\$ 400.00	+	\$ 1,200.00	
<u>TOTALS</u>		\$	+	\$	= \$

** Special meetings are held only with prior Board approval and solely at the Board's discretion **

[[SICPB/ZB Fees Form effective 2/21/17 as per Ordinance No. 1598 (2016) Page 1 of 1]]

PLEASE NOTE: When calculating fees, one payment will be for TOTAL APPLICATION FEES only and one payment will be for TOTAL ESCROW FEES only. Application fees and Escrow fees are separate, handled individually, and therefore should not be added together.)

SEA ISLE CITY PLANNING BOARD
CERTIFICATION OF PAYMENT OF TAXES AND MUNICIPAL LIENS

Name of Appellant/Applicant: _____

Address of Subject Property: _____

Tax Block: _____ Lot(s): _____

The above-named appellant or applicant hereby certifies as follows:

1. I am the owner of the property identified above, located in the City of Sea Isle City, New Jersey. I am the appellant/applicant for development in this matter.
2. I verify that all real estate taxes for the property are current as of the date of this appeal or application, and that they will be current as of the date of the Planning Board hearing.
3. I verify that all municipal charges against the property, such as water and sewer charges are current as of the date of this appeal or application, and that they will be current as of the date of the Planning Board hearing.
4. I have obtained a certification from the Sea Isle City Tax Collector, attached hereto, attesting to the status of real estate taxes and municipal charges against the property.
5. I understand that I have a continuing obligation to satisfy any municipal lien against this property.
6. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing is willfully false, I am subject to punishment.

Signature of Owner/Appellant/Applicant

*Attach the certification of paid taxes provided by the
Sea Isle City Tax Collector to this form.*

SEA ISLE CITY PLANNING BOARD
NOTICE OF APPLICATION FOR DEVELOPMENT

Applicant's Name & Address:

Owner's Name & Address:

Subject Property, Street Address:

Subject Property, Block & Lot No.:

Zoning District

TAKE NOTICE that a hearing will be held before the Sea Isle City Planning Board on Monday, _____, 20____ at 7:00 p.m., in the City of Sea Isle City Municipal Building at 233 John F. Kennedy Blvd., Sea Isle City, NJ to consider an Application for Development regarding the above described property. The property is/will be developed with _____.

Applicant seeks to do the following ____

In order to do this, the Applicant is seeking the following variances and/or subdivisions, from the Sea Isle City Zoning Ordinance: _____

Maps and documents relating to this matter will be available for public inspection ten (10) days prior to the hearing date, during normal business hours, through the Planning Board Clerk, within the Construction Office of Sea Isle City's Municipal Services - 2nd Floor, 233 John F. Kennedy Blvd., Sea Isle City, NJ.

If you wish to make a statement or offer evidence concerning this application, you must appear in person at the hearing or through an attorney or agent. The Planning Board cannot accept petitions or letters, and must rely on live testimony.

This notice is given pursuant to N.J.S.A. 40:55D-11, et seq.

Name of Applicant or Attorney
Address, Telephone Number

SEA ISLE CITY PLANNING BOARD

CERTIFICATION OF SERVICE

Applicant's Name: _____
 Applicant's Address: _____

Subject Property: _____
 Tax Block _____ Tax Lot(s): _____

I/We _____, of full age, being duly sworn
 according to law, on his/her oath, certifies as follows:

- (1) that I / we reside or conduct business at _____
- (2) that I / we am / are the appellant, applicant or applicant's attorney in this matter
 [circle the title that pertains to you];
- (3) that on _____, being at least ten (10) days prior to
 the hearing date on the application, I/we gave notice to all property owners within 200
 feet of the subject property and all other persons whose names appeared on the
 certified list obtained from the Sea Isle City Tax Assessor and as listed on the Sea Isle
 City Planning Board Application Instructions (where applicable);
- (4) that notice was given either by personal service of a notice on the property owner or by
 sending the notice by Certified Mail, Return Receipt Requested, as noted on the attached
 list of persons to be served. Certified mail receipts showing the mailing of notice to the
 interested persons are attached; all return receipts received from served persons are
 attached hereto and/or shall be forwarded to the Planning Board Administrator prior to
 the hearing;
- (5) that a copy of the notice served is attached hereto and made a part hereof;
- (6) that the notice was also published in _____,
 the official newspaper of the municipality, on _____.
 Attached hereto and made part hereof is a Proof of Publication received from the official
 newspaper.
- (7) that also attached hereto and made a part hereof is the certified list of all property
 owners and other parties to whom notice was required to be sent, showing the names
 and addresses of the persons served and the lot and block numbers of each person's
 property as same appear on the Sea Isle City Tax Assessment List.
- (8) I certify that the foregoing statements made by me are true. I am aware that if any of
 the foregoing statements made by me is willfully false, I am subject to punishment.

Date: _____ Appellant/Applicant/Attorney for Applicants

Proposed Letter to 200 foot List

Name and Address of Applicant
Date

First and LastName
Address
City, State, Postal Code

Reference: **Sea Isle City Planning Board**

Notice of Hearing on Application of _____ (name)
Property: _____ (address) Block _____, Lot (s) _____,
Sea Isle City, NJ

Dear _____:

PLEASE TAKE NOTICE

We are the owners of the above property. We have filed an application with the Sea Isle City Planning Board for variances from certain provisions of the Sea Isle City Zoning Ordinance. Our property is currently developed with _____. We are seeking to _____. In order to accomplish this, we need to obtain variances from the following sections of the Sea Isle City Zoning Ordinance: Section _____, regarding _____; Section _____, regarding _____; and Section _____, regarding _____. We will also seek such other variances and further relief as may be necessary to implement the plans on file with the Planning Board.

This notice is sent to you as an owner of property within 200 feet of this property. A public hearing has been scheduled before the Sea Isle City Planning Board for 7:00 p.m. on Monday, _____, _____ (date), 20____, in the City of Sea Isle City Municipal Building at 233 John F. Kennedy Boulevard, Sea Isle City, NJ. If you wish to make any comment on the application, when the case is called you may appear either in person or by agent or attorney, and present any comments or objections which you may have regarding the relief requested in the application. The Board cannot accept letters or petitions commenting on the application, unless you are present in person to give testimony about such documents.

The following maps and documents submitted with this application are on file in the with the Planning Board Clerk, within the Construction Office of Sea Isle City's Municipal Services – 2nd Floor, 233 John F. Kennedy Blvd., Sea Isle City, NJ, and are available for your inspection during normal business hours:

- _____ [for example, Application for Variances]
- _____

This notice is sent to you by the applicant, as required by the Sea Isle City Zoning Ordinance and the New Jersey Municipal Land Use Law, N.J.S.A. 40:55D-12.

Respectfully,

Sea Isle City Planning Board

Sample letter to Tax Assessor

Letterhead

(include name, address and telephone number)

(Date)

Joseph Berroddin, Jr, Tax Assessor
City of Sea Isle City
Municipal Services - 2nd Floor
233 John F. Kennedy Blvd
Sea Isle City, New Jersey 08243

Reference: Request for List of Property Owners within 200 feet
Property: (_____ *street address* _____)
Block: _____, Lot(s): _____

Dear Mr. Berroddin:

I am the owner / contract purchaser of the above property, and will be submitting an application to the Sea Isle City Planning Board. Please accept this request for a list of all property owners within 200 feet of the subject property for use in connection with this application.

I have enclosed my check # _____ in the amount of \$10.00 payable to the City of Sea Isle City, and a self-addressed stamped envelope for your use in sending this list to me.

Thank you for your time and attention in this matter.

Very truly yours,

(name)

Sea Isle City Planning Board

ALL APPLICANTS TO THE SEA ISLE CITY PLANNING BOARD MUST SEND NOTICE OF THEIR APPLICATION OR APPEAL TO THE FOLLOWING PUBLIC UTILITY COMPANIES, IN ADDITION TO THE NOTICE PROVIDED TO ALL PROPERTY OWNERS WITHIN 200 FEET:

SOUTH JERSEY GAS COMPANY
CORPORATE HEADQUARTERS
#1 SOUTH JERSEY PLAZA,
FOLSOM, NJ 08037

VERIZON ENGINEERING DEPT.
10 TANSBORO ROAD, FLR 2
BERLIN, NJ 08009

CAPE MAY CO. MUNICIPAL UTILITIES AUTHORITY
1523 ROUTE 9 NORTH
CAPE MAY COURT HOUSE, NJ 08210

COMCAST CABLE SERVICES
ATTN: GREGORY SMITH, PROJECT MANAGER
901 WEST LEEDS AVE.
ABSECON, NJ 08201

ATLANTIC CITY ELECTRIC COMPANY
5100 HARDING HIGHWAY, SUITE 399
MAYS LANDING, NJ 08330-9902

SEA ISLE CITY MUNICIPAL WATER & SEWER
ATTN: CITY CLERK
4501 PARK ROAD
SEA ISLE CITY, NJ 08243

TO ALL APPLICANTS:

PLEASE BE ADVISED THAT IT IS THE APPLICANT'S BURDEN TO DETERMINE WHETHER THE CAPE MAY COUNTY PLANNING AND/OR THE COMMISSIONER OF THE NJ DEPARTMENT OF TRANSPORTATION MUST BE PROVIDED NOTICE IN ACCORDANCE WITH NJSA 40:55D-12.

W-9

**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: ☐ Individual/
Sole proprietor

☐ Corporation

☐ Partnership

☐ Other ▶

☐ 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.

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

Social security number

_____|_____|_____|_____|_____|_____|

or

Employer identification number

_____|_____|_____|_____|_____|_____|

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 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, 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 must 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 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. 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 only by accessing the IRS website at www.irs.gov/businesses or 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 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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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.

SEA ISLE CITY PLANNING BOARD

'2020-2021' SCHEDULE FOR SUBMISSION OF APPLICATIONS

A complete application must be submitted BY NO LATER THAN	Site plan/completeness workshop held & app deemed complete	In order for Application to be considered & scheduled on Agenda for next meeting on
July 1, 2020	Aug. 10 th	September 14, 2020
August 1, 2020	Sept. 14 th	October 13, 2020 (Tues.)
September 1, 2020	Oct. 13 th (Tues.)	November 9, 2020
October 1, 2020	Nov. 9 th	December 14, 2020
November 1, 2020	Dec. 14 th	January 11, 2021
December 1, 2020	Jan. 11 th , 2021	February 8, 2021
January 1, 2021	Feb. 8 th	March 8, 2021
February 1, 2021	Mar. 8 th	April 12, 2021
March 1, 2021	Apr. 12 th	May 10, 2021
April 1, 2021	May 10 th	June 14, 2021
May 1, 2021	June 14 th	July 12, 2021
June 1, 2021	July 12 th	August 9, 2021
July 1, 2020 Tentative	Aug. 9 th	September 13, 2020 Tentative
August 1, 2020 Tentative	Sept. 13 th	October 12, 2020 (Tues.) Tentative
September 1, 2020 Tentative	Oct. 12 th (Tues.)	November 8, 2020 Tentative
PLEASE NOTE THAT YOUR APPLICATION WILL ONLY BE CONSIDERED AND SCHEDULED ON AN AGENDA ACCORDINGLY IF 1) APPLICATION IS ADMINISTRATIVELY APPROVED OF BY BOARD CLERK & 2) APPLICATION IS REVIEWED AND DEEMED COMPLETE BY BOARD ENGINEER		

Notice: Do not publish or send notice of the application hearing date to the 200 foot list, until you have confirmed that hearing date with the Planning Board Clerk.

Publication Information:

The Ocean City Sentinel is the official designated newspaper for publication of legal notices and legal advertisements for the City of Sea Isle City. This weekly newspaper publishes on Wednesdays, only. The deadline for submission of legal advertisements is noon the Monday before publication day. Submit a copy to 'legal ads' at telephone (609)-399-5411, fax (609)-398-6397 or e-mail to oclegalads@gmail.com. Note: In order that a legal advertisement appear in the Sentinel at least 10 days before the hearing date, it must be published two Wednesdays before the hearing date.

Alternatively, legal notices and advertisements may be published in The Press of Atlantic City. This daily newspaper publishes legal ads every day. Call (609) 272-7472 for deadlines on submission of legal advertisements. Ad copy can be faxed to (609) 272-7085 or e-mailed to classlegal@pressofac.com. Note: in order that a legal advertisement appear in the Press at least 10 days before the hearing date, it must be published two Saturdays before the hearing date.

Applicants are solely responsible for the cost of publishing notice and sending notices to the 200 foot list.

EXHIBIT “ A “

CITY OF SEA ISLE CITY ***PLANNING BOARD*** **2020 - 2021 MEETING SCHEDULE**

2020

Monday - July 13, 2020 - Regular Meeting
Monday - August 10, 2020 - Regular Meeting
Monday - September 14, 2020 - Regular Meeting
Tuesday* - October 13, 2020 - Regular Meeting
Monday - November 9, 2020 - Regular Meeting
Monday - December 14, 2020 - Regular Meeting

2021

Monday - January 11, 2021 - Regular Meeting
Monday - February 8, 2021 - Regular Meeting
Monday - March 8, 2021 - Regular Meeting
Monday - April 12, 2021 - Regular Meeting
Monday - May 10, 2021 - Regular Meeting
Monday - June 14, 2021 - Regular Meeting

Monday - July 12, 2021 - 'Proposed' Regular Meeting
Monday - August 9, 2021 - 'Proposed' Regular Meeting
Monday - September 13, 2021 - 'Proposed' Regular Meeting

Please Note:

Sea Isle City Planning Board meets regularly the Second Monday of the month, with exception to official holidays when meetings are moved to the following day (Tuesday*). Meetings are conducted in City Hall of Sea Isle City, Council Chambers, Third Floor, 233 John F. Kennedy Blvd., Sea Isle City, NJ. All meetings begin promptly at 7:00 pm. [Site Plan/Completeness Review Meetings are held promptly at 6:00 PM, prior to regular meetings, one month in advance as deemed necessary]