

DEVELOPMENT APPLICATION

CONTROL NO. _____

Block(s) _____ Lot(s) _____ Date Received _____

By _____

TO BE COMPLETED BY APPLICANT (A-T)

A. Property Owner's Name HENRY AND JANE LANDAU

Address 143 SOUTH LANE
(Street)
WEST WINDSOR NEW JERSEY 08550
(City) (State) (Zip)

Phone (609) 448-4291
(If property owner is a corporation, complete Section S-1)

FAX ()

B. Applicant's Agent Name DINO SPADACCINI, ESQ.

Address 98 FRANKLIN CORNER ROAD
(Street)
LAWRENCEVILLE NEW JERSEY 08648
(City) (State) (Zip)

Phone (609) 912-0100

FAX (609) 912-0400

(If applicant is not the owner, complete Section S-2)
(If applicant is a corporation, complete Section S-3)
(All correspondence will be mailed to person listed as applicant's agent)

- C. Application Status
 (1) New (2) Revision or Resubmission of Prior Application

(If (2) is checked, indicate prior application no. (s) _____)
Attach copies of resolution, if available.

- D. Type of Approval Sought
 Concept Preliminary Final Preliminary/Final
 GDP Sign Waiver Request Extension of Approval Request
 Minor Subdivision Major Subdivision Major Site Plan Minor Site Plan
 Variance Request (Submit Variance Request Form)
 Conditional Use Approval (Submit Conditional Use Request Form)
 Request for Waiver of Submission Requirements (See appropriate subdivision or Site Plan checklist)
 Above Application Pursuant to Board of Adjustment "D" Variance (Attach Resolution of Approval)

E. Engineer's Name and Firm D. GEOFFREY BROWN, PE, PLS,
PRINCETON JUNCTION ENGINEERING, P.C.
Address P.O. BOX 610, 53 NORTH POST ROAD
(Street)
PRINCETON JUNCTION NEW JERSEY 08550
(City) (State) (Zip)
Phone (609) 799-1906
FAX (609) 799-1524 E-MAIL GBROWN@PJEPC.COM
License No. 24327

F. Architect's Name and Firm N/A
Address _____
(Street)

(City) (State) (Zip)
Phone ()
FAX () E-MAIL _____
License No. _____

G. Plat/Plan Dated September 7, 2021 Title Minor Subdivision Plan

H. Name and Location of Development (Street or Road and nearest public Street intersection)

I. Present use of Land _____

J. Present Use of Structure _____

K. Proposed Use of Land _____

(If more than one use proposed, indicate various uses and areas on plat)

L. Proposed Use of Structure _____

(If more than one use proposed, indicate various uses and areas on plan)

M. Plat/Plan Data

1. Acreage to be subdivided _____ No. of Lots Proposed _____

2. Type of Development Proposed (Conventional, Cluster, Planned Development)

3. Lot Areas _____

4. Acreage of Contiguous Parcel (same Ownership, not part of this Development) _____

5. Area of Site Plan to be developed _____ SF

6. Floor Area of Proposed Structure:

Floor No. _____	_____	SF
Floor No. _____	_____	SF
Floor No. _____	_____	SF
Floor No. _____	_____	SF

**SEE PLANS AND
RIDER TO
APPLICATION**

**SEE PLANS AND
RIDER TO
APPLICATION**

7. If Addition to Existing Structure:

Floor No. _____ SF
Floor No. _____ SF
Floor No. _____ SF

8. Total Floor Areas _____ SF

9. Number of Parking Spaces _____

N. Utility Data (indicate service proposed)

1. Water _____
2. Sanitary _____
3. Gas _____
4. Electric _____
5. Telephone _____
6. Heating Fuel _____

O. Zoning District _____

P. Zone Requirements (Ordinance) (Proposed)

1.	Min. Tract/Lot Area	_____	_____
2.	Min. Lot frontage	_____	_____
3.	Min. Lot Width	_____	_____
4.	Min. Lot Depth	_____	_____
5.	Min. Yards:		
	Front	_____	_____
	Side	_____	_____
	Rear	_____	_____
6.	Max F.A.R.	_____	_____
7.	Max M.I.C.	_____	_____
8.	Max. Gross Density	_____	_____
9.	Max. Bldg. Height	_____	_____
10.	Parking Spaces Required	_____	_____

Q. Does Lot abut (check which applies)
_____ State Road _____ County Road _____ Township Road

R. Copies of any Deed Restrictions or Covenants that will Apply (check one)
_____ Attached _____ Not Attached

**SEE PLANS AND
RIDER TO
APPLICATION**

S. Other Information

1. Principal Office Address _____

(City) (State) (Zip) (Street) Phone(_____) _____
FAX (_____) _____

President's Name _____

Secretary's Name _____

2. I, _____, consent to the filing of this Site Plan/
Subdivision by _____
(Agent)

(Owner's Signature) _____ (Date)

(Owner's Printed Name)

3. Principal Office Address _____

(City) (State) (Zip) (Street) Phone (_____) _____
FAX (_____) _____

T. _____
(Applicant's Signature) _____ (Date)

DINO SPADACCINI, ESQ., ATTORNEY FOR APPLICANT
(Applicant's Printed Name)