

**DEVELOPMENT APPLICATION**

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

Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_ Date Received \_\_\_\_\_  
By \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT (A-T)**

A. Property Owner's Name Township of West Windsor

Address 271 Clarksville Road  
(Street)  
West Windsor New Jersey 08550  
(City) (State) (Zip)

Phone ( 609 ) 799-2400  
(If property owner is a corporation, complete Section S-1)

FAX ( 609 ) 799-2044

B. Applicant's Agent Name Dino Spadaccini, Esq.,  
for Applicant West Windsor Arts Council, Inc.

Address 98 Franklin Corner Road  
(Street)  
Lawrenceville New Jersey 08550  
(City) (State) (Zip)

Phone ( 609 ) 912-0100

FAX ( 609 ) 912-0400 Email: dino@spadlaw.com

(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  
 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 Cameron Corini, P.E., Roberts Engineering Group, LLC

Address 1670 Whitehorse-Hamilton Square Road  
Hamilton (Street) New Jersey 08690  
(City) (State) (Zip)

Phone (609) 586-1141

FAX (609) 586-1143 E-MAIL ccorini@robertsengineeringgroup.com

License No. 24GE05403500

F. Architect's Name and Firm James B. Foran, Architect

Address 4569 South Broad Street  
Yardville (Street) New Jersey 08620  
(City) (State) (Zip)

Phone (609) 668-0818

FAX (609) 981-7379 E-MAIL jbforan13@gmail.com

License No. 07696

G. Plat/Plan Dated November 21, 2022 Title "Minor Site 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(s) in Same Ownership, not part of this Development \_\_\_\_\_

5. Area of Site Plan to be Developed \_\_\_\_\_ Acres \_\_\_\_\_ SF

6. Floor Area of Proposed Structure:

|           |       |       |    |
|-----------|-------|-------|----|
| Floor No. | _____ | _____ | SF |
| Floor No. | _____ | _____ | SF |
| Floor No. | _____ | _____ | SF |
| Floor No. | _____ | _____ | SF |

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 \_\_\_\_\_ 4. Electric \_\_\_\_\_  
2. Sanitary \_\_\_\_\_ 5. Telephone \_\_\_\_\_  
3. Gas \_\_\_\_\_ 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

S. Other Information

1. Principal Office Address 271 Clarksville Road  
\_\_\_\_\_  
West Windsor New Jersey 08550 (Street  
\_\_\_\_\_  
(City) (State) (Zip) Phone ( 609 ) 799-2400  
FAX ( 609 ) 799-2044

President's Name \_\_\_\_\_

Secretary's Name \_\_\_\_\_

2. I, \_\_\_\_\_, consent to the filing of this Site Plan/  
Subdivision by \_\_\_\_\_

\_\_\_\_\_  
(Owner's Signature) (Agent)  
\_\_\_\_\_  
(Owner's Printed Name) (Date)

**SEE ATTACHED OWNER'S CONSENT**

3. Principal Office Address 952 Alexander Road  
\_\_\_\_\_  
Princeton Junction New Jersey 08550 (Street)  
\_\_\_\_\_  
(City) (State) (Zip) Phone ( 609 ) 716-1931  
FAX ( ) \_\_\_\_\_

T.   
\_\_\_\_\_  
(Applicant's Signature)

12/16/22  
\_\_\_\_\_  
(Date)

Dino Spadaccini, Esq., Attorney for Applicant  
\_\_\_\_\_  
(Applicant's Printed Name)