

**Township of Warren
Board of Health
Somerset County
46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173**

APPLICATION FOR SITE PLAN APPROVAL

Date _____ New Application _____ Resubmission of prior application _____
If yes, give date(s) _____

Applicants **must** provide all applicable items listed on application and checklist in quantities noted.

Block # _____ Lot # _____

Applicant's Name _____

Address Phone Email

Property owner's name _____

Address Phone Email

Engineer Name _____

Address Phone Email

Attorney Name _____

Address Phone Email

Site Location _____ Map Entitled _____

Dated _____ Prepared by _____

Property part of _____ Subdivision granted on _____
Date and Resolution Number

Area in **ACRES** of adjoining land owned by owner or applicant _____

Briefly summarize all proposed activities: _____

PREVIOUS SITE USES:

1. Residential _____, Commercial _____, Other (explain) _____
2. Age of building(s) _____ years.
3. Number of persons previously and/or presently using building(s) _____
4. Washing machine used? Yes ___ No ___ Dishwasher used? Yes ___ No ___
5. Garbage disposal unit used? Yes _____ No _____
6. Number of bedrooms _____.
7. Water supply: Public _____, Individual well _____, depth _____.
8. Total square feet of building(s) floor space (all floors intended for occupancy) _____
9. Total lot area _____ acres.
10. Total No. of fixtures: Toilets _____, Sinks _____, Bathtubs _____, Showers _____, Washtubs _____, Other (explain) _____
11. Under separate cover provide the following:
 - a. Name, address, and phone number of previous owner and/or occupant of premises.
 - b. Brief history of site use.
 - c. Details of any septic system presently installed on the site.
 - d. Size, age, alterations, history of problems, etc.
 - e. Supportive data from neighboring properties that septic systems in the area have been operating satisfactorily for a reasonable period of time.
 - f. Details of individual wells presently installed on the site.
 - g. Details on abandoned septic systems or wells currently on site.
 - h. Current method of disposal of wastewater: Septic _____ Sewers _____
 - i. How is the structure heated? Oil _____, Gas _____, L.P. _____
 - j. Any underground storage tanks on the site? Yes _____ No _____

PROPOSED SITE PLAN

1. Residential _____, Commercial _____, Other (Explain) _____
2. Age of building(s) _____ years.
3. Number of persons (full or part-time) to be occupying building(s) _____
4. Washing machine used? Yes ___ No ___ Dishwasher used? Yes ___ No ___
5. Garbage disposal unit used? Yes _____ No _____
6. Number of bedrooms _____
7. Water supply: Public _____, Individual well _____, depth _____

8. Total square feet of building(s) floor space (all floors intended for occupancy) _____

9. Total lot area _____ acres

10. Total No. of fixtures: Toilets ____, Sinks ____, Bathtubs ____, Showers _____,
Washtubs _____, Other (explain) _____.

11. Estimate gallons per day water use of proposed site plan; _____ g.p.d.

12. Under separate cover provide:

a. Detailed explanation of proposed use of site (Example: Residential to commercial use, i.e., type of business, business hours, number of personnel, etc.)

b. Detailed explanation of the estimated G.P.D. water use of the proposed site.

13. Method of disposal of waste water:

Subsurface sewage disposal system _____ sewers _____

14. Location and distance to nearest sewer line _____

Heat Source: _____ Oil _____ Gas _____ L.P _____

If Oil: _____ Underground Tank _____ Above Ground Tank _____

15. Any known pollution problems in the area that might impact the site?

16. Describe corrective plans/testing proposed to prove no health risk:

Signature of Owner

Date

Signature of Applicant (if different) Date

The following checklist was developed to assist applicants and the Health Department in ensuring that the minimum necessary items are submitted for the Board of Health's review. Health Department employees will review application packets and check for completion. **INCOMPLETE** packets **WILL NOT** be considered.

Checklist for site plan application (Please provide the following on maps and/or in separate documentation):

- _____ Number of Pages (Map) _____.
- _____ Date, Scale and "North" arrow with all date revisions.
- _____ Key map of the site with reference to surrounding areas and existing street locations.
- _____ Storm drainage plan showing the location of inlets pipes swales, berms, and other storm drainage facilities including roof leaders.
- _____ Rights-of-way, easements and all lands to be dedicated to the municipality or reserved for specific uses.
- _____ The entire property in question, even though only a portion of said property is involved in the site plan.
- _____ Significant existing physical features including streams, watercourses, rock outcrops, swampy soil, etc.
- _____ Bearings and distance to property lines. All plans shall be accompanied by a survey of the site drawn by a New Jersey licensed surveyor.
- _____ Plans of off-street parking area layout and off-street loading facilities showing location and dimensions of individual parking spaces, loading areas, aisles, traffic patterns and driveways for ingress and egress.
- _____ All driveways and streets within 200 feet of site.
- _____ All existing and proposed curbs and sidewalks.
- _____ All existing and proposed utility lines within and adjacent to the subject property.
- _____ Typical floor plans.
- _____ Existing and proposed contours of site at 2-foot intervals for areas less than 5% grade and 5 foot intervals above 5% grade.
- _____ Location of all existing trees or tree masses.
- _____ All neighboring wells and septic system on adjoining properties.
- _____ Interior building floor drains are indicated in the submitted plans.
- _____ Plans submitted indicated drainage pipes leading to streams. Necessary permits have been obtained.
- _____ Exterior/interior grease traps indicated on plans.
- _____ Interior/exterior chemical storage proposed.
- _____ Pretreatment of any wastewater's.
- _____ Will facility be served by cooling tower and/or evaporative condenser?
- _____ Will building(s) contain decorative fountains, misters and/or atomizers?
- _____ Are any generators proposed?
- _____ Proposed BTU values of furnaces
- _____ Dumpster enclosure on plans.
- _____ Letter of Interpretation from NJDEP
- _____ Date of Plans _____
- _____ Revision dates _____, _____, _____

For applications served by Public Water & Sewer and reviewed by Health Dept.

Date Rec'd	Initials	
_____	_____	One (1) copy completed & signed application for site plan approval
_____	_____	One (1) copy of Site Plan/Map
_____	_____	NJDEP letter of Interpretation of Wetlands & map(s)
_____	_____	Public Water Supplier Letter of Intent to Serve
_____	_____	If proposed private well, State permit from NJDEP
_____	_____	Warren Township Sewerage Authority Resolution
_____	_____	Application Fee Amount \$ _____ Deposit Date _____



For applications not served by Public Water & Sewer or referred to Board of Health

Date Rec'd	Initials	
_____	_____	Eleven (11) copies completed & signed application for site plan approval
_____	_____	Six (6) copies of Site Plan/Map
_____	_____	NJDEP letter of Interpretation of Wetlands
_____	_____	Public Water Supplier Letter of Intent to Serve
_____	_____	If proposed private well, State permit from NJDEP
_____	_____	Warren Township Sewerage Authority Resolution (if applicable)
_____	_____	Certification of existing septic system, including detailed design of system
_____	_____	Detailed design of proposed on-site subsurface sewage disposal system, including percolation test results and soil logs
_____	_____	Application Fee Amount \$ _____ Deposit Date _____
_____	_____	Escrow Fee Amount \$ _____ Escrow Account # _____