

**CITY OF CAMDEN
DEPARTMENT OF PLANNING & DEVELOPMENT**

**DIVISION OF PLANNING
&
ZONING**



**SITE PLAN APPLICATION AND
SUBMISSION ITEMS PACKAGE**

Any question please contact:
Angela Miller, Planning Board Secretary
(856) 757-7214

SITE PLAN APPLICATION AND SUBMISSION ITEMS PACKAGE

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**SITE PLAN APPLICATION
CHECKLIST**

CHECK IF COMPLETED

FOR OFFICE USE ONLY

- | | |
|--|-------|
| _____ 1. Zoning Application | _____ |
| _____ 2. Site Plan Applications & Site Plans (15 copies of both) | _____ |
| _____ 3. Proof of ownership (i.e. Deed, Tax Bill and/or Lease) | _____ |
| _____ 4. Signed Escrow Fee Agreement | _____ |

PRIOR TO SUBMISSION OF ANY SITE PLAN APPLICATIONS EVERY APPLICANT MUST CALL FOR A PRE-APPLICATION CONFERENCE.

IT IS STRONGLY ADVISED THAT THE APPROPRIATE PROFESSIONALS BE PRESENT AT SAID MEETING.

PRE-APPLICATION CONFERENCE FEE: \$500.00

(ACCORDING TO SECTION 577-270 OF THE CITY'S ZONING CODE)

***NOTE:**

- A. Incomplete applications will not be processed.**
- B. Submission hours are 8:30am to 4:30pm, Monday through Friday. All applications must be stamped "received" by the Division of Planning. No outside drop-offs will be processed.**
- C. All plans must be folded with *Title Block* facing upward.**
- D. Whenever public notice is required, the Division of Planning shall prepare procedures for said notification and advise applicant of its readiness.**

Revised 8/27/2020

The following checklist pertains to PLOT PLANS:

Check if Completed

For Office Use Only

- | | |
|--|-------|
| <u>X</u> 1. Name and Address of owner and applicant | _____ |
| <u>X</u> 2. Name, signature, licenses #, seal and address of engineer, land surveyor, architect, professional planner, and/or landscape architect (as applicable). | _____ |
| <u>X</u> 3. Title block denoting type of application, tax map sheet, county municipality, block and lot, and street address. | _____ |
| <u>X</u> 4. Key map not less the 1" – 1000" showing location of tract to surrounding street, municipal boundaries, etc. within 500'. | _____ |
| <u>X</u> 5. Schedule for required and proposed zone requirements for Lot area, frontage, setbacks, imperious coverage, parking, etc. | _____ |
| <u>X</u> 6. North arrow to top of sheet, scale and graphic scale. | _____ |
| <u>X</u> 7. Signature block for board chair, secretary, zoning officer/ administrative officer and engineer. | _____ |
| <u>X</u> 8. Date of property survey | _____ |
| <u>X</u> 9. Acreage of tract to nearest tenth | _____ |
| <u>X</u> 10. Date of original and all revisions | _____ |
| <u>X</u> 11. Size and location of existing or proposed structures and their dimension of setbacks | _____ |
| <u>X</u> 12. Location and dimensions of any existing or proposed streets | _____ |
| <u>X</u> 13. All proposed lot lines and area of lots in square feet | _____ |
| <u>X</u> 14. Copy of and plan delineation of any existing or proposed deed restriction | _____ |
| <u>X</u> 15. Any existing or proposed easement or land reserved or dedicated for public use | _____ |
| <u>X</u> 16. Existing streets, other right-of-way or easements; water courses, wetlands, soils floodplains, or other environmentally Sensitive area within 200' of tract | _____ |
| <u>X</u> 17. Topographical features of subject property from USGS 7.5 minute maps | _____ |

CHECK IF COMPLETED

FOR OFFICE USE ONLY

- X 18. Boundary, limits, nature and extent of wooded areas, Specimen trees and other significant physical features _____
- X 19. Drainage calculations _____
- X 20. Proposed utilities: sanitary sewer, water, storm water management, telephone, cable TV and electric _____
- X 21. Soil erosion and sediment control plan if more than 5000 sq. ft. _____
- X 22. Spot and finished elevations at all property corners, corners of Structures, existing or proposed first floor elevations _____
- X 23. Construction details road and paving cross-sections and profiles if no profiles needed _____
- N/A 24. Lighting plan and details Existing street lights to remain _____
- X 25. Landscape plan and details _____
- N/A 26. Site identification signs, traffic control signs, and directional signs _____
- N/A 27. Sight triangles _____
- N/A 28. Vehicular and pedestrian circulation patterns _____
- N/A 29. Parking plan indicating spaces, size and type aisle width internal Collectors, curb cuts, drives and driveways and all ingress and Egress areas with dimensions _____
- X 30. Preliminary architectural plan and elevations _____
- X 31. Environmental impact report, parcels 2 acres or larger _____
- ____ 32. Plan paper size should be 24 by 36 Waiver requested _____

**PURSUANT TO THE CODE OF THE CITY OF CAMDEN
(ARTICLE I, SECTION 233-4)**

SITE PLAN APPLICATION

(Please Answer ALL Questions)

APPLICANT _____

ADDRESS _____

TELEPHONE# _____ **FAX#** _____

OWNER OF PROPERTY _____
(if other than applicant)

ADDRESS _____

TELEPHONE _____

**IF APPLICANT IS INCORPORATE OR A PARTNERSHIP, LEGAL REPRESENTATION IS REQUIRED.
PLEASE PROVIDE THE FOLLOWING:**

ATTORNEY'S NAME _____

ADDRESS _____

TELEPHONE# _____ **FAX#** _____

EMAIL ADDRESS _____

PLEASE PROVIDE THE FOLLOWING INFORMATION BELOW:

ENGINEER AND/OR ARCHITECT NAME Kyle MacGeorge, P.E. (Langan)

ADDRESS 1 University Square Drive, Suite 110, Princeton, NJ 08540

TELEPHONE# 609-282-8000 **FAX#** 609-282-8001

ADDRESS OF DEVELOPMENT 1 Cooper Plaza, Camden, NJ 08103

BLOCK NO.(S) 1402, 1400 **LOT NO.(S)** 1, 55-65 **ZONE** MS

PRESENT USE(S) Hospital

DESCRIBE PROPOSED USES (S):
(attach separate sheet if needed) Hospital

DOES THIS APPLICATION INCLUDE:

1. AN ADDITION OF 1,000 SQ. FT. OR MORE TO AN EXISTING STRUCTURE?

(Please circle)

YES

NO

2. AN ADDITION OF 1,000 SQ. FT. OR MORE OF PAVING AREA FOR OFF-STREET PARKING?

(Please circle)

YES

NO

THIS APPLICANT CERTIFIES THAT THE ABOVE INFORMATION HAS BEEN COMPLETED TO THE BEST OF HIS/HER KNOWLEDGE.

DATE

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

PLEASE READ

ASSESSMENT CERTIFICATION

Section A: Applicant shall complete

SECTION A

OWNER

Name of OWNER of Property _____

Address: _____

SEARCH Address: _____

Block: _____ Lot: _____ Account: _____

Section B: Applicant shall take this form to the City of Camden Tax Office, Room 117 (1st floor) for completion to indicate whether taxes are paid up to date. Applicant must also go to the PNC Bank (Broadway & Market St) for water and sewer to make sure water/sewer is paid up to date.

Upon completion, this form shall be submitted with original application. **NO APPLICATIONS WILL BE ACCEPTED –if any money is owed for Taxes or Water/Sewer, no permit can be issued until accounts are paid in full-proof of payment must be brought back before turning application in.**

Section C: TAX OFFICE & PNC BANK

An application for Zoning/Sign permit has been submitted to the Division of Planning. Please check your records to be certain that the account is current

I HEREBY CERTIFY THAT THE PROPERTY ASSESSMENT ARE:

Account Type	Qtr.	Due date	Amount Owed	Other
(Taxes/W&S/Other	_____	_____	_____	_____
(Taxes/W&S/Other	_____	_____	_____	_____
(Taxes/W&S/Other	_____	_____	_____	_____
(Taxes/W&S/Other	_____	_____	_____	_____

COMMENTS: _____

DATED: _____

PREPARED BY: _____

ESCROW DEPOSIT AGREEMENT BETWEEN THE CITY OF CAMDEN AND

DEPOSITOR _____

Address _____

Telephone No. _____ Check No. _____

Depositor herewith deposits the sum of _____ dollars (\$ _____) with the City of Camden in accordance with an subject to the provisions of the City of Camden Ordinance No. MC-2304, being incorporated by reference and made a part hereof, and agrees to the following:

1. Depositor's payment of said deposit is made in connection with an application for:

At (provide address with block and lot number): _____

2. The Treasure of the City of Camden shall be authorized to disburse to the City Engineer from the funds deposited, those fees required to be paid for the technical and professional review by the Zoning Board of Adjustment and/or Planning Board pursuant to the terms of Ordinance MC-2304.
3. All fees shall be disbursed upon reconciliation of the Engineer & Insurance Escrow Accounts by Ordinance MC-2304.
4. If there are insufficient funds in the depositor's escrow account to pay all pending bill attribute to the aforementioned project, depositor shall be notified by the appropriate agency and requested to make an additional deposit into the escrow account.
5. Depositor understands that if he/she fails to make any additional deposit required, depositor's application shall be denied.
6. Any additional deposits shall be made to the Treasure, City of Camden, by way of the Division of Planning, in accordance with the terms set forth herein unless otherwise agreed to by the depositor and the approving agency.
7. The City of Camden shall not be required to pay interest on any sums held pursuant to this agreement.

IN WITNESS WHEREOF the undersigned hereby accepts the terms and conditions of this agreement.

DATE:

Applicant or Authorized Signature