LAKEWOOD TOWNSHIP PLANNING BOARD PROCEDURES FOR A NON-EXEMPT CHANGE OF USE PER 18-601.02.B

Please refer to the attached calendar for approximate submission dates and Board meeting dates for the current year.

- This application package consists of the following:

    - 1-page Application form
    - $250 Application fee + $50 Notice of Determination fee = $300 application fee check
    - $1,900 Escrow fee
    - Escrow agreement form
    - Non-Exempt Change of Use Checklist
    - Affidavit of Ownership form
    - Certificate of Ownership of Applicant form
    - W-9 form, including birthdate noted on the bottom for any individual applicant
    - Request for Certified List of owners within 200 feet

SUBMISSION PROCEDURE

- The following documents shall be mailed **and emailed (as PDF's) to the Planning Board office**:
    - 2 copies of the application package, as detailed above
    - 3 copies of the change of use plans (one will be sent from this office to the Fire District for their review)
    - 2 copies of the property survey
    - 2 copies of drainage calculations, environmental impact statements, traffic studies, etc., if applicable
    - 2 copies of architectural floor plans and elevations
    - Proof of submission to the Shade Tree Commission (see below)

- Additional copies of the initial submission shall be mailed as follows:
    - A copy of the plans and application form to:
        - Craig Theibault, Shade Tree Commission, 1527 Harvest Ln, Manasquan, NJ 08736

- Upon receipt of the submission package, an administrative and checklist review letter will be prepared by the Planning Board Administrator and addressed to the applicants' engineer.

    - Any outstanding administrative items are to be addressed and submitted, along with any plan revisions, as detailed in the letter.

- Upon review of the revised documents, the Planning Board Administrator will issue a letter to the project engineer indicating a virtual Plan Review Meeting date for the project.

PLAN REVIEW AND PUBLIC HEARING PROCEDURE

- Instructions for joining virtual Plan Review meetings will be provided by the Board Administrator via email, one week prior to the meeting. These meetings are generally held once a month on Tuesdays at 1pm. They are typically attended by the Applicant's and Board's Professionals. Plan Review meetings are not open to the public.

- The Board Engineer will review the application and issue a review letter prior to this informal meeting. This letter will guide the application discussion at the Plan Review Meeting.

- At the Plan Review meeting, the applicant will be directed to revise the application documents as per the Board Engineer's initial review letter. All revisions shall be submitted via email to the Board Administrator, followed by submission of two hard copies of any revised documents. One copy will be held in the Township's files for public inspection, and one copy will be forwarded by this office to the Board Engineer for a completeness review prior to scheduling the application for a Public Hearing.

- Scheduling of the Public Hearing will occur after the Board Engineer has found all submitted documents to be acceptable for Board action. Should the revised plans not provide sufficient information, additional revisions may be required.

- Approximately 3 weeks prior to a Public Hearing, the Board Administrator will send a general group email to all professionals with scheduled applications. This email also serves to alert the Board of the upcoming applications. This email will contain additional requests regarding legal notices and bringing paper copies of the application documents to the hearing for the Board's review.

- For those projects requiring public notice, the following information shall be submitted to the Planning Board office via mail *and email* by the Thursday prior to the Public Hearing:

    - A copy of the notice provided to the public
    - Copies of certified mail receipts
    - Executed affidavit indicating proof of service of notice
    - Executed affidavit of publication from one of the following newspapers:
        -Asbury Park Press -Star Ledger

2026 LAKEWOOD TOWNSHIP PLANNING BOARD SCHEDULE

Plan Review meetings are scheduled on a rolling basis after a complete submission package is received by the Board Administrator. **Plan Review** meetings are held virtually, generally once a month on Tuesdays at 11AM. Anticipated meeting dates for 2026 are:

1/13/26	4/21/26	7/14/26	10/13/26
2/10/26	5/12/26	8/18/26	11/17/26
3/17/26	6/16/26	9/8/26	12/15/26

As per the direction of the Board, the selection of a public hearing date for a project will be made **after** the Plan Review meeting and **after** the Board Engineer has deemed the revised submission documents complete for purposes of a public hearing.

Public Hearing scheduling is largely dependent upon the timely submission of well-completed plans that address all comments from Board Engineer's first review letter and any comments from the Plan Review meeting. 6:00 Public Hearings are held in-person at 231 Third Street, generally twice a month on Tuesdays.

Advertised Public Hearing dates for 2026

1/6/26	**7/7/26**
1/20/26	**7/28/26**
2/3/26	**8/11/26**
2/17/26	**-**
3/10/26	**9/1/26**
3/24/26	**9/15/26**
4/14/26	**10/6/26**
4/28/26	**10/13/26**
5/12/26	**11/10/26**
5/19/26	**11/24/26**
6/9/26	**12/1/26**
6/23/26	**12/22/26**

LAKEWOOD TOWNSHIP

SITE PLAN EXCEPTION PER 18-601.02

1. **APPLICANT NAME & ADDRESS** _____

   EMAIL _____ **PHONE NUMBER** _____

2. **PROPERTY OWNER NAME & ADDRESS** _____

3. **ENGINEER NAME & ADDRESS** _____

   EMAIL _____ **PHONE NUMBER** _____

4. **PROJECT ADDRESS** _____

   BLOCK _____ **LOT** _____

5. **BRIEF NARRATIVE OF PROPOSED PROJECT:** _____

   _____

6. **SUBSECTION OF 18-601.02 THAT APPLIES: B ___ C ___**

7. **PRESENT USE** _____ **PROPOSED USE** _____

8. **PARKING CALCULATIONS: Total required** _____ **Total proposed** _____

   - HOUSE OF WORSHIP & RELIGIOUS FACILITIES

     SF Sanctuary: _____ (per section 18-905.A)

   - PUBLIC & PRIVATE SCHOOLS

     # of Rooms: _____x1 (per section 18-906.C)

   - PUBLIC & PRIVATE SCHOOLS IN THE M-1 ZONE

     # of Classrooms: _____x3 (per section 18-903.M.8)

   - BUSINESS USES

     SF: _____ use ratio: _____ (per section 18-807.B)

9. **ZONING DATA** **ZONE** _____

	REQUIRED	**PROVIDED**
LOT AREA	_____	_____
LOT WIDTH	_____	_____
FRONT YARD	_____	_____
SIDE YARD(ONE/BOTH)	_____	_____
REAR YARD	_____	_____
MAX.BLDG. HEIGHT	_____	_____
MAX. BLDG.COVERAGE	_____	_____

10. **PLEASE SUBMIT:** This application, 2 copies of layout plan and architectural plans (if applicable), separate fee checks, and PDF copies of each document via email
    for 18-601.02.C. EXEMPT: $250 App *(+ only the documents listed above)*
    for 18-601.02.B. NON-EXEMPT*: $300 App + $1,900 Escrow *(+ full app package)*

SIGNATURE OF APPLICANT _____

**Full application submission required as outlined in the Non-Exempt Change of Use application package*

NON-EXEMPT CHANGE OF USE CHECKLIST

A - ADMINISTRATIVE DATA

	PREPARER	P.B.
1. APPLICATION FEE		
2. ESCROW FEE		
3. CHANGE OF USE APPLICATION		
4. REAL ESTATE AFFIDAVIT		
5. AFFIDAVIT OF OWNERSHIP		
6. CERTIFICATE OF OWNERSHIP BY APPLICANT		
7. W-9 FORM		
8. ESCROW AGREEMENT		
9. CHECKLIST FOR CHANGE OF USE SITE PLAN		
10. FLOOR PLAN		

B - GENERAL DATA

	PREPARER	P.B.
1. PLANS TO A SCALE OF NOT LESS THAN 1" = 50 FEET		
2. PLANS SHALL BE PREPARED BY AN ARCHITECT, ENGINEEER, OR LAND SURVEYOR		
3. BEARING & DISTANCE IN FEET OF OUTBOUND		
4. KEY MAP SHOWING LOCATION OF TRACT		
5. TITLE BLOCK CONTAINING NAME OF PREPARER, LOT & BLOCK #'S, TAX MAP SHEET #, DATE PREPARED, & DATE OF ALL REVISIONS		
6. NORTH ARROW		
7. SIGNATURE BLOCK		
8. ADJACENT BLOCK, LOTS & OWNERS		
9. ZONING DISTRICT OF PARCEL,SCHEDULE OF REQUIREMENTS REQUIRED VS. PROPOSED * A NOTATION SHOULD BE PLACED ON ALL VARIANCE REQUESTS		
10. MINIMUM BUILDING SETBACK LINES		

NON-EXEMPT CHANGE OF USE CHECKLIST

	PREPARER	P.B.
11. GENERAL NOTES INDICATING THE FOLLOWING:		
⇨ PREMISES KNOWN & DESIGNATED AS		
⇨ NAME & ADDRESS OF OWNER & APPLICANT		
⇨AREA OF ENTIRE TRACT		
⇨ EXISTING USE		
⇨ PROPOSED USE		
⇨ METHOD OF WATER & SEWER SERVICE		
⇨ EFFECTS OF PROPOSED IMPROVEMENTS TO EXISTING ON / OFF SITE STORMWATER FACILITIES		
⇨ METHOD OF REFUSE REMOVAL, i.e. PRIVATE CARIER, MUNICIPAL,CONTAINER TYPE, i.e. DUMPSTER, ROBO CANS, ETC.		
⇨STATEMENT REGARDING ANY GRADING REQ'D		
⇨ BRIEF NARRATIVE OF PROPOSED PROJECT		
12. ENVIRONMENTAL CONCERNS, i.e. WETLANDS, ETC.		
13 EXISTING WOODS LINE & PROPOSED LIMIT OF CLEAR		

C - MAPPING/TECHNICAL DATA

	PREPARER	P.B.
1. LOCATION OF BUFFERS		
2. BUS DROP OFF/PICK UP		
3. CIRCULATION		
4. PARKING AREAS, DIMENSIONS OF STALLS, AISLES, HANDICAP SPACES, SURFACE i.e. GRAVEL, PAVEMENT, ETC.		
5. PARKING TABULATION,NUMBER OF SPACES REQUIRED VS. PROPOSED		
6. LOCATION OF SIGNS (DETAILS IF REQUIRED)		
7. LOCATION OF PLAYGROUND/ACTIVITY AREA (DETAILS IF REQUIRED)		
8. LOCATION OF ALL STRUCTURES & MAN MADE FEATURES ON SITE		
9. LOCATION OF EXISTING/PROPOSED TRAILERS		
10. LOCATION OF PROPOSED/EXISTING WALKWAYS		
11. FOR HOUSE OF WORSHIP SITE PLANS (SEE SECTION 18-905 FOR INFORMATION REQUIRED)		
12. FOR PUBLIC & PRIVATE SCHOOLS (SEE SECTION 18-906 FOR INFORMATION REQUIERD)		
13. LANDSCAPE & LIGHTING		

NON-EXEMPT CHANGE OF USE CHECKLIST

	PREPARER	P.B.
14. TOPOGRAPHY & PROPOSED GRADING		
15. LOCATION OF DUMPSTERS, ETC.		

APPLICATION FEE = $250.00
ESCROW FEE = $1,900.00
STENOGRAPHER FEE = $75.00

CHECKLIST PREPARED BY:_____ DATE:_____

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY
} ss.
COUNTY OF _____

_____ of full age, being duly sworn according to law on oath deposes and says, that the deponent resides at

_____

in the municipality of _____

in the County of _____ and the State of _____;

that _____ is the owner in fee of all that certain lot, piece or parcel of land situated, lying, and being in the municipality aforesaid, and known and designated as

Block _____Lot(s)_____

_____
(Owner to Sign Here)

Sworn to and subscribed,
before me, this _____
day of _____20__

_____
A Notary Public of New Jersey

AUTHORIZATION

(If anyone other than above owner is making this application, the following authorization must be executed.)

TO THE PLANNING BOARD

_____ is hereby authorized to make the within application.

Dated: _____20__ _____
(Owner to Sign Here)

CERTIFICATE OF OWNERSHIP OF APPLICANT

AS REQUIRED BY NEW JERSEY LAW

(P.L. 1977, CHAPTER 336)

Listed below are names and addresses of all owners of 10% or more of the stock/interest* in the undersigned applicant corporation/partnership.

NAME **ADDRESS**

1. _____

2. _____

3. _____

4. _____

5. _____

Please check the appropriate box:

CORPORATION OF N.J. _____

PARTNERSHIP _____

LLC OF NEW JERSEY _____

OTHER _____

* Where corporation/partnerships owns 10% or more of the stock/interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names and addresses of the non-corporate stockholders/individuals partners exceeding the 10% ownership criterion have been listed.

_____

Signature of Officer/Partner **Date**

_____

Name of Applicant Corporation/Partnership

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

birthdate, if individual:

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

ESCROW AGREEMENT

I understand that the sum of $_____has been deposited in an escrow account. In accordance with the Ordinances of the Township of Lakewood, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials. Sums not utilized in the review process shall be returned. Upon notification by the Board Secretary, if additional sums are deemed necessary, I understand that I shall add that sum to the escrow account within fifteen (15) days of the receipt of request.

_____ _____
SIGNATURE OF APPLICANT DATE

Please provide the name, address and telephone number of a contact person who will be notified if additional escrow is necessary.

_____ _____
PRINT NAME ADDRESS

_____

_____
PHONE

_____
EMAIL ADDRESS***

******this is required by the Township in order to return excess escrow funds after project completion***

Lakewood Township Planning Board
212 Fourth Street
Lakewood, NJ 08701
amorris@lakewoodnj.gov

REQUEST FOR 200' CERTIFIED LIST

DATE: _____

BLOCK _____

LOT _____

Please provide a $10 check, payable to Township of Lakewood. A copy of the tax map with the subject property marked is recommended, but not required.

The list will be distributed via email. Please provide your contact information below.

_____
EMAIL

_____
NAME

_____
ADDRESS

_____
CITY STATE ZIP

_____
PHONE

For a faster response, this request form can be emailed to amorris@lakewoodnj.gov in advance of your hard copy submission.