



105 Kennedy Boulevard  
Somerdale, New Jersey 08083  
(856) 783-6320  
[www.Somerdale-NJ.com](http://www.Somerdale-NJ.com)

***PLANNING/ZONING BOARD  
APPLICATION  
PACKET***

*IT IS HIGHLY RECOMMENDED YOU HAVE AN ATTORNEY  
OR LAND USE PROFESSIONAL ADVISE YOU  
DURING ANY LAND USE PROCESS*



**ESCROW APPLICATION**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Project: \_\_\_\_\_

Address of Project: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Cash / Check / Money Order (Circle)

Initial Deposit: \$ \_\_\_\_\_ Cash / Check / Money Order (Circle)

Check# \_\_\_\_\_ Check Received By: \_\_\_\_\_  
(Initial)

TAX ID # \_\_\_\_\_ W -9 Received By: \_\_\_\_\_  
(Initial)

**FOR OFFICE USE ONLY**

Date Activated: \_\_\_\_\_ Developer Name: \_\_\_\_\_

Sub-Account Number: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

Project Description: \_\_\_\_\_

Memo/Other Info: \_\_\_\_\_

Date Closed: \_\_\_\_\_ Date of Check: \_\_\_\_\_ Check Number: \_\_\_\_\_ (Attach Copy of Check)

Date Sent: \_\_\_\_\_ (Attach Copy of Resolution)

Revised 01/01/2013



To Whom It May Concern:

Attached please find a copy of a W -9 Form. Any person or business making an application to the Planning/Zoning Board, must complete this form.

Thank you,

A handwritten signature in cursive script that reads "Debra A. Reino".

Debra A. Reino  
Recording Secretary  
Planning/Zoning Boards

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> 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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	Borough of Somerdale 105 Kennedy Boulevard Somerdale, NJ 08083-1018
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions
- Corporations are not exempt from backup withholding with respect to attorneys fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
  - I—A common trust fund as defined in section 584(a)
  - J—A bank as defined in section 581
  - K—A broker
  - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1 Individual	The individual
2 Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3 Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4 a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5 Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6 Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>1</sup>
For this type of account:	Give name and EIN of:
7 Disregarded entity not owned by an individual	The owner
8 A valid trust, estate, or pension trust	Legal entity <sup>1</sup>
9 Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10 Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11 Partnership or multi-member LLC	The partnership
12 A broker or registered nominee	The broker or nominee
13 Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14 Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**Municipal Clerk's Office**  
105 Kennedy Boulevard  
Somerdale, New Jersey 08083  
856.783.6320 phone  
856.784.9377 fax

DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

REQUESTOR'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS OF LOCATION 200 FT SEARCH FOR:

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**PLEASE CHECK PREFERRED METHOD OF DELIVERY:**

\_\_\_\_\_ E-MAIL

\_\_\_\_\_ FAX

\_\_\_\_\_ MAIL

\_\_\_\_\_ PICK UP

FEE: \$10.00 PER SEARCH.

PLEASE MAKE CHECK PAYABLE TO THE BOROUGH OF SOMERDALE.





## INSTRUCTIONS

***IT IS HIGHLY RECOMMENDED YOU HAVE AN ENGINEER OR SOLICITOR ADVISE YOU DURING THIS PROCESS. IF YOU ARE AN "LLC" OR "CORPORATION", YOU MUST BE REPRESENTED BY LEGAL COUNCIL AT YOUR PLANNING/ZONING BOARD MEETING.***

1. After obtaining the application packet from the Borough, completely fill out each form.
2. Form 992-2 is a site plan review checklist designed to assist the applicant as to what is included the plan.
3. File 12 copies of the completed application and 5 copies of plans with the Borough Clerk.
4. File 1 copy of the application and plan with the Planning Board Solicitor:  
David F. Carlamere, Esquire  
Carlamere and Rowan  
1546 Blackwood- Clementon Road  
PO Box 1397  
Blackwood, New Jersey 08012
5. File 1 copy of the application and plan with the Planning Board Engineer:  
Charles Riebel, Jr.  
Borough of Somerdale  
105 Kennedy Boulevard  
Somerdale, New Jersey 08083
6. File 1 copy of the application and plan with the Somerdale Police Department and 1 copy of the application and plan with the Somerdale Fire Marshal.
7. It is only necessary to file with the Camden County Planning Board if your site is located on a County road. Please check with the Zoning Officer, Borough Clerk or Planning Board Secretary to determine this and obtain the proper forms.
8. Form 493-1 is a "Fill in the Blank" form to be used to **advertise your intentions and have your notice published 10 days prior to the regular meeting of the Planning -Board**. If you are applying for a variance, you must notify all property owners within 200 feet of your site, also at least 10 days before the scheduled meeting, by certified/ return receipt mail or personal service. (A certified list of property owners can be obtained from the Clerk's office). **It is your responsibility to place and pay for the advertisement**. It is suggested you use The Courier Post or Record Breeze for publication (the Record Breeze must receive the ad by Monday for it to appear on Thursday). ***YOU MUST BRING THE PUBLICATION AFFIDAVIT AT LEAST 2 DAYS BEFORE THE MEETING AS PROOF OF ADVERTISEMENT, OR YOUR CASE WILL NOT BE HEARD.***
9. After the Board makes a ruling, a copy of the Resolution will be sent to you and/or your attorney if applicable. A \$25.00 advertising fee is collected by the Borough to publish the results of your application in the newspaper.
10. If you have any questions, **you should contact your attorney for advice** or the Borough Clerk at 856-783-6320, ext. 3300 who will provide you with information only, not advice.

**BLUEPRINT PLANS MUST BE SUBMITTED PROPERLY FOLDED**



**ADVERTISEMENT TO BE PLACED  
IN LOCAL NEWSPAPER  
(SUCH AS THE RECORD BREEZE)**

**ADVERTISEMENT MUST APPEAR AT LEAST 10 DAYS  
BEFORE THE SCHEDULED MEETING**

TAKE NOTICE that the undersigned has applied to the Somerdale Planning/Zoning Board for a

\_\_\_\_\_ subdivision, \_\_\_\_\_ variance, \_\_\_\_\_ site plan, \_\_\_\_\_ site plan waiver as follows:

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regarding application concerning: \_\_\_\_\_

Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

A public hearing regarding this application will be held on \_\_\_\_\_ 20\_\_, at 7:00 p.m. at the Borough Hall, 105 Kennedy Boulevard, Somerdale New Jersey, at which time you may appear either in person or by attorney and present any objections you may have to this application.

The application is available for examination at the Borough Hall Planning/ Zoning Office during normal business hours.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_



**BOROUGH OF SOMERDALE  
PLANNING BOARD  
105 KENNEDY BOULEVARD  
SOMERDALE, NEW JERSEY 08083**

**TAX AND ASSESSMENT PAYMENT REPORT**

Section I (to be completed by the applicant)

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

has made application to the Planning Board for Block \_\_\_\_ Lot \_\_\_\_ located at

\_\_\_\_\_

Whose record owner is \_\_\_\_\_

Owner's address \_\_\_\_\_

I request the Tax Collector to determine whether there are any delinquent taxes and/ or assessments due.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

\*\*\*\*\*

Section II (to be completed by the Tax Collector)

- I find that:  All taxes due have been paid.  
 All assessments due have been paid.  
 The following are delinquent and past due.

\_\_\_\_\_  
Tax Collector



## SITE PLAN CHECKLIST

The following checklist is designed to assist applicants in preparing their site plan for board review. Applicants should check off each item to ensure that it is included on the plan. *ITEMS OMITTED MAY DELAY CONSIDERATION BY THE BOARD.*

UTILITY PLANS, LANDSCAPING PLAN, ARCHITECTURAL ELEVATIONS, ETC., MAY BE SHOWN ON SEPARATE SHEETS.

- \_\_\_\_\_ Name and title of applicant, owner and person preparing map.
- \_\_\_\_\_ Place for signature of chairman and secretary of planning/zoning board.
- \_\_\_\_\_ Place for signature of Borough Engineer.
- \_\_\_\_\_ Tax map lot and block numbers.
- \_\_\_\_\_ Date, scale and "north" sign.
- \_\_\_\_\_ Key map of the site with reference to surrounding areas and to existing street locations.
- \_\_\_\_\_ Zone district in which property in questions falls, zone district of adjoining properties and all property within a 200 radius of the property in question.
- \_\_\_\_\_ Names of owners of all contiguous land and adjacent property.
- \_\_\_\_\_ Dimensions of lot, setbacks, front yard, side yards and rear yard; size, kind and location of fences.
- \_\_\_\_\_ Location dimensions and details of all signs and exterior lighting including type of standards, location, radius of lighting and intensity in footcandles.
- \_\_\_\_\_ Method of solid waste disposal and storage.
- \_\_\_\_\_ Existing and proposed spot elevations based upon the U.S. Coastal Geodetic datum at all building corners, all floor levels, center lines of abutting roads, top and bottom curbs, property corners, gutters and other pertinent locations.
- \_\_\_\_\_ Existing and proposed contours of site at 2 foot intervals for areas less than 5 percent grade and 10 foot intervals above 5 percent grade.
- \_\_\_\_\_ Location of all existing trees or tree masses, indicating general sizes and species of trees.
- \_\_\_\_\_ Landscaping and buffering plan showing what will remain and what will be planted, indicating names of plants and trees and dimensions, approximate time of planting and method of planting (base rooted, ball and burlap).
- \_\_\_\_\_ Any other pertinent information as may be required by the board.

Form 992-2



**APPLICATION  
SUBDIVISION, SITE PLAN, SITE PLAN WAIVER, CONCEPT DESIGN**

**PLEASE FILE 12 COPIES OF THIS COMPLETED DOCUMENT 14 DAYS BEFORE THE REGULAR MEETING OF THE PLANNING BOARD.**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Applying For**

\_\_\_\_ Subdivision \_\_\_\_ Site Plan \_\_\_\_ Site Plan Waiver \_\_\_\_ Concept Design, located at \_\_\_\_\_

Somerdale, New Jersey Block \_\_\_\_ Lot \_\_\_\_ Plate \_\_\_\_ Location of Nearest Intersection \_\_\_\_\_

Does this constitute \_\_\_\_ new application \_\_\_\_ revision or resubmission of a prior application?

**ATTACH A COPY OF ANY DEED RESTRICTIONS, COVENANTS OR EASEMENTS EFFECTING THIS PROPERTY**

Owner's Name (if different than applicant) \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Are you being represented by an attorney, real estate broker, or a land use professional? If so, please state:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Interest of Applicant if other than the Owner  
\_\_\_\_\_

**STATEMENT OF LANDOWNER WHERE APPLICANT IS NOT THE OWNER:**

I, \_\_\_\_\_ owner of Lot(s) \_\_\_\_ in Block(s) \_\_\_\_ in the Borough of Somerdale, Camden County, New Jersey, hereby acknowledge that the application of \_\_\_\_\_ for a subdivision/ site plan approval/site plan wavier/concept design of said Lot(s) is made with my complete understanding and permission and in accordance with an agreement for purchase or option agreement entered into between myself and the applicant herein stated.

\_\_\_\_\_  
Signature of Landowner



Planning Application, Pg. 2

**FOR SUBDIVISION APPLICATIONS ONLY**

Number of proposed lots \_\_\_\_\_ Proposed density per acre \_\_\_\_\_ Number of dwelling units per acre \_\_\_\_\_  
 Area of entire tract \_\_\_\_\_ Portion being subdivided \_\_\_\_\_  
 Lot Sizes \_\_\_\_\_ Building Area (ground floor) \_\_\_\_\_ Building Area (total sq. ft.) \_\_\_\_\_  
 Number of proposed parking spaces per lot \_\_\_\_\_ Area in acres of any additional adjoining lot(s) owned by Owner  
 Or applicant \_\_\_\_\_

Why is subdivision being requested? \_\_\_\_\_ to sell lots \_\_\_\_\_ construct houses for sale \_\_\_\_\_ other (please explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (of person preparing plan) \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address \_\_\_\_\_

**ALL OTHER APPLICATIONS  
 PROPOSED DEVELOPMENT**

Title of Proposal \_\_\_\_\_  
 Site Plan Dated \_\_\_\_\_ Prepared by \_\_\_\_\_  
 Present Use \_\_\_\_\_ Proposed Use \_\_\_\_\_  
 Property part of subdivision approved on \_\_\_\_\_  
 Board of Adjustment action required \_\_\_\_\_ yes \_\_\_\_\_ no; variance(s) granted on \_\_\_\_\_  
 Total tract \_\_\_\_\_ (acres to nearest tenth)  
 Building Coverage \_\_\_\_\_ % of lot area  
 Paved Coverage \_\_\_\_\_ % of lot area  
 Maximum # of stories \_\_\_\_\_; and not more than feet

**FOR RESIDENTIAL PROPOSALS**

Total # of dwelling units \_\_\_\_\_  
 # of efficiency units \_\_\_\_\_ - \_\_\_\_\_ % of total  
 # of 1 bedroom units \_\_\_\_\_ - \_\_\_\_\_ % of total  
 # of 2 bedroom units \_\_\_\_\_ - \_\_\_\_\_ % of total  
 # of 3 bedroom units \_\_\_\_\_ - \_\_\_\_\_ % of total

**FOR NON RESIDENTIAL PROPOSALS**

Total # of square feet in gross floor area \_\_\_\_\_  
 Gross floor area in warehouse facilities \_\_\_\_\_  
 Gross floor area in other facilities \_\_\_\_\_  
 Gross floor area in mfr. research \_\_\_\_\_

**ACTUAL NUMBER OF OFF STREET PARKING SPACES PROPOSED \_\_\_\_\_**

Parking space dimensions and access aisles conform to ordinance	_____ YES	_____ NO
Now served by existing street improved to municipal specifications	_____ YES	_____ NO
New street being constructed	_____ YES	_____ NO
Existing street being widened	_____ YES	_____ NO
Public water now available	_____ YES	_____ NO
Public water to be extended	_____ YES	_____ NO
Sufficient capacity in public water system to serve the proposed use	_____ YES	_____ NO
Public sanitary sewage treatment available to proposed use	_____ YES	_____ NO
Public sanitary sewage treatment to be extended to the proposed use	_____ YES	_____ NO



Planning Application  
Page 3

	<b>APPLICANT</b>	<b>LANDOWNER</b>	<b>PLAN PREPARER</b>
SIGNATURE*	_____	_____	_____
Name	_____	_____	_____
Address	_____	_____	_____
Phone #	_____	_____	_____

\*NOTE The signature indicates an understanding of all the codes and regulations applicable to this application and of matters contained on this application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**APPLICATION FOR VARIANCE**

TO THE BOARD OF ADJUSTMENT:

An application is hereby made for a (hardship) (use) variance from the terms of Article(s) and Section(s) \_\_\_\_\_ of the Zoning Ordinance so as to permit

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**DESCRIPTION OF PROPOSED STRUCTURE OR USE**

PREMISES AFFECTED known as Block \_\_\_\_\_ Lot \_\_\_\_\_,

Street address: \_\_\_\_\_, Somerdale, New Jersey

Applicant: \_\_\_\_\_ Address \_\_\_\_\_

Owner: \_\_\_\_\_ Address \_\_\_\_\_

Lessee: \_\_\_\_\_ Address \_\_\_\_\_

Last previous occupancy \_\_\_\_\_

Size of Lot \_\_\_\_\_ Size of Building(s) (Present and/or Proposed):

At street level \_\_\_\_\_ ft. Front \_\_\_\_\_ ft. Deep

Percentage of lot occupied by building(s) \_\_\_\_\_ % Height of Building(s) \_\_\_\_\_ stories \_\_\_\_\_ ft.

Set back: Front property line \_\_\_\_\_ feet. From side (if corner lot) \_\_\_\_\_ feet

Zoning requirements frontage \_\_\_\_\_, side yards \_\_\_\_\_, set-back \_\_\_\_\_, rear yard \_\_\_\_\_

"Prevailing set-back" of adjoining buildings within one block \_\_\_\_\_ feet

Has there been any previous appeal involving these premises? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state character of appeal and date of disposition \_\_\_\_\_

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*Proposed Use:*





**AFFIDAVIT OF PROOF OF SERVICE  
BOARD OF ADJUSTMENT**

PROOF OF SERVICE OF NOTICES REQUIRED BY STATUTE MUST BE FILED AND VARIFIED WITH BOARD SECRETARY AT LEAST 2 DAYS PRIOR TO MEETING OR CASE WILL NOT BE HEARD.

STATE OF NEW JERSEY COUNTY OF \_\_\_\_\_ }ss.

\_\_\_\_\_, of full- age being duly sworn according to law, deposes and says, that he/she resides at \_\_\_\_\_ in the municipality of Somerdale, County of Camden, and the State of New Jersey being an appeal or application under the Zoning Ordinance, and relates to premise \_\_\_\_\_; that on \_\_\_\_\_, 20 \_\_\_, he/she gave written notice of the hearing on this application to each and all of the persons upon whom service must be had, in the required form and according to the attached lists, and in the manner indicated thereon.

Signature \_\_\_\_\_

Sworn to and Subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**NOTE: Attach list of all persons served.**



**NOTICE OF HEARING TO CLERK OF ADJACENT MUNICIPALITY  
WITHIN 200' OF PROPOSED PROJECT**

DATE: \_\_\_\_\_

To: Municipal Clerk \_\_\_\_\_ of \_\_\_\_\_, New Jersey

PLEASE TAKE NOTICE:

That \_\_\_\_\_, the undersigned, has applied to the Board of Adjustment of Somerdale for relief from \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

at \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_, which property fronts upon a county road, or adjoins county owned property, or is within two hundred (200) feet of a municipal boundary. A hearing on this matter will be held on \_\_\_\_\_, 20\_\_\_\_, at the Municipal Building in Somerdale. Applicant is seeking a hardship \_\_\_\_\_, use \_\_\_\_\_, variance, and subdivision \_\_\_\_\_, site plan \_\_\_\_\_, conditional use \_\_\_\_\_ approval. This notice is given pursuant to N.J.S.A. 40:55D-12d.

Signature \_\_\_\_\_

***Note: This notice must be personally served or sent by certified mail at least 10 days before the day of the hearing, and proof of service given to the Secretary of the Board of Adjustment at least 2 days before the hearing.***

**BOROUGH OF SOMERDALE  
LAND USE AND DEVELOPMENT FEES**

**SUBDIVISION**

	MINOR	MAJOR PRELIMINARY APPROVAL	MAJOR FINAL APPROVAL
Application Fee	250.00	125.00 per lot	75.00 per lot
Professional Services			
Escrow	1,275.00	325.00 per lot 1,500.00 minimum	225.00 per lot

**SITE PLAN**

	WAIVER	MINOR PRELIMINARY/FINAL APPROVAL
Application Fee	250.00	250.00
Professional Services		
Escrow	700.00	1,275.00
	MAJOR PRELIMINARY	MAJOR FINAL
Application Fee	250.00	250.00
Professional Services		
Escrow	2,175.00	1,525.00

**OTHER FEES**

Zoning Permit	25.00
Appeal to Zoning Board	250.00
Zoning Interpretation	250.00
Variances	250.00
Legal Escrow	500.00
Conditional Use	250.00
Concept Design	250.00
Sign Permit	25.00
Sign Permit (temporary or banner)	15.00
Legal Fee (residential)	50.00
Permit Fee – Repair/Replace Sidewalks, Driveways (concrete or asphalt), and Aprons	25.00
Publication Fee (if necessary)	25.00

**APPLICATION FEES ARE NOT REFUNDABLE**

PUBLISHING A LEGAL AD IN THE COURIER POST WILL NEED TO BE PRE-PAID BEFORE THEY WILL PUBLISH YOUR NOTICE.  
PLEASE CALL THE COURIER POST 486-2567 FOR INFORMATION.

PROPERTY SEARCH – 200 FT -\$10.00