

TOWNSHIP OF MARLBORO

ZONING BOARD OF ADJUSTMENT

1979 TOWNSHIP DRIVE

MARLBORO, NJ 07746-2299

PHONE: (732) 536-0200 EXT. 1809 FAX: (732) 617-7225

web: www.marlb主oro-nj.gov e-mail: zoning@marlb主oro-nj.gov

Chairperson

Michael Shapiro

Vice-Chairperson

Matthew Weilheimer

Secretary

Alan Zwerin

Frank Yozzo

Ira Levin

Jennifer Bajar

Adrienne Spota

Ibrahim El-Naboulsi - Alt #1

Stacey DiGrande - Alt #2

Zoning Board Clerk

Yvonne Cautillo

Attorney

Ronald D. Cucchiaro, Esq.

Engineer

Birdsall Engineering

James Priolo, P.E., P.P.

Planner

T & M Associates, LLC

Richard Cramer, P.P.

Traffic Consultant

French & Parrellos

Mark Kataryniak, P.E.

Administrative Officer

Zoning Officer

Sarah Paris

APPLICATION FOR HEARING

Application ZB#: _____ (office use only)

Date Received: _____ (office use only)

(*18 COPIES OF PLANS *4 COPIES OF APPLICATION *MAPS MUST BE FOLDED)

1. Please check the appropriate request(s).

Concept Plan

Site Plan

Use Variance

Bulk Variance(s)

Minor Subdivision

Major Subdivision

Interpretation

Appeal of Zoning Officer's Decision

2. APPLICANT'S NAME: _____

(If Corporation, State of Incorporation and Registered Agent)

ADDRESS: _____

PHONE #: _____ TAX I.D. or SS#: _____

3. State Applicant's relationship to Owner: _____

4. Represented by (Attorney): _____

Address: _____

Phone #: _____ Fax#: _____

5. Name of Proposed Development: _____

6. Purpose of this Application: _____

7. If Commercial or Industrial: State the Sq.Ft. of New Building: _____ # of Parking Spaces: _____

8. Use of any existing building on premises: _____

9. # of existing lots: _____ # of proposed new lots: _____

10. Use of the proposed building or premises: Residential Commercial Industrial

Mixed Residential/Commercial Other _____

11. Location of premises: _____

12. _____

TAX MAP BLOCK

LOT(S) NUMBER(S)

TAX SHEET PAGE

13. Area of entire tract: _____

14. If there has been a previous appeal or application involving these premises, give details:

TOWNSHIP OF MARLBORO

Zoning Board of Adjustment

- PETITION ON APPEAL -

ZB#: _____

THE ZONING BOARD OF ADJUSTMENT OF MARLBORO TOWNSHIP:

Petition of _____ Respectfully shows that

- a. _____ Applicant is owner of the property described below
- b. _____ Applicant is _____ and is duly authorized by _____, the owner of said property, to prosecute the within appeal. The affidavit of said owner is attached hereto.

The property affected by this appeal is known as _____

Block _____, Lot(s) _____, as shown on the latest tax map of the

Township. Said property is located in a _____ zone. As designated by

the Zoning Map and Zoning Ordinance of the Township of Marlboro currently in effect.

_____ Applicant applied for a building permit to construct (make alterations to the following building or structure) for the following use: _____

_____ Applicant applied to the Zoning Officer for permission to: _____

The Zoning Officer declined to issue such permit on the _____ day of _____, for the following: _____

Front Yard Setback _____ Rear Yard Setback _____
Side Yard Setback _____ and _____
Height of Building _____ # of Stories _____
Other Information _____

Applicant requested that appropriate relief (variance), (recommendation of variance), (special use permit) be granted for the following: _____

There has been no prior application to this Board for any relief relating to the property affected by this appeal except _____

The following fees are submitted to support this petition:

- a. Filing (Application Fee) of \$ _____ b. (Escrow) \$ _____
c. _____ d. _____

Applicant requests that a day be fixed for the holding of a Public Hearing on this Appeal. Applicant shall, in compliance with statutory requirements, cause the required Notices of the Public Hearing to be served upon all owners of property situated within two hundred (200) feet of the above described property affected by this appeal (if property is located within 22 feet of an adjacent municipality or abuts a county road or proposed county road) upon the _____ Monmouth _____ County Zoning Board and Municipality of _____ Marlboro _____ whereof Applicant respectfully states that your Zoning Board, after Public Hearing, grant the relief requested.

DATED: _____

Applicant's Signature

TOWNSHIP OF MARLBORO

Zoning Board of Adjustment

- VARIANCE APPLICATION -

1. Identification of all sections of zoning ordinances from which relief is sought.

2. Statement of reasons why variance(s) is/are needed.

**TOWNSHIP OF MARLBORO
ZONING BOARD OF ADJUSTMENT
APPLICATION PACKAGE
AND
COMPLETENESS CHECKLIST**

This Checklist is provided to the applicant in order to assist the Zoning Board in determining whether the application is complete, as required by N.J.S.A. 40:55D-10-10.3, the Municipal Land Use Law. The applicant must complete this checklist and submit it at the time of initial application. A determination of completeness by the Board does not relieve the applicant of the obligation to prove in the application process that the applicant is entitled to approval.

Included:

- a. Procedures
- b. Fees
- c. Application form
 1. Part A – Applicants Affidavit of Completeness
 2. Part B – Submission Documents
 3. Part C – Plat Requirements
 4. Part D – Disclosure Statement
 5. Part E – Zoning Board Consent
 6. Part F – Owner’s Consent to the Application
 7. Part G – Tax Collector’s Certification
 8. Part H – Administrative Officer’s Check Off
- d. Checklist – Preliminary (Major Sub Division/ Site Plan)
- e. Affidavit of Service
- f. Indemnification and Hold Harmless Agreement

Township of Marlboro

1979 Township Drive

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, THE APPLICANT, _____
HEREINAFTER REFERRED TO AS THE APPLICANT/DEVELOPER, HAS
FILED AN APPLICATION FOR _____ VARIANCES AND WAIVER
FOR THE CONSTRUCTION OF _____ LOCATED ON
BLOCK _____ LOT _____ IN THE TOWNSHIP OF MARLBORO, AND

WHEREAS, THE APPLICANT'S DEVELOPER'S APPLICATION
ZBA _____ FOR SUCH RELIEF WAS GRANTED _____
APPROVAL BY THE MARLBORO TOWNSHIP ZONING BOARD OF
ADJUSTMENT DATED _____.

WHEREAS, THAT RESOLUTION REQUIRED THE APPLICANT/
DEVELOPER TO INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP OF
MARLBORO AND ITS OFFICIALS, EMPLOYEES, AND CONSULTANTS.

NOW THEREFORE, IN ACCORDANCE WITH THE PROVISIONS AND
REQUIREMENTS OF SAID RESOLUTION, THE APPLICANT/DEVELOPER,
HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE TOWNSHIP
OF MARLBORO, ITS OFFICIALS, EMPLOYEES, AND CONSULTANTS FROM
ANY AND ALL CLAIMS OF DAMAGE SUFFERED OR ALLEDGED TO BE
SUFFERED BY ANY PERSON ARISING FROM THE ACTS OF APPLICANT'S/
DEVELOPERS NOTWITHSTANDING THE APPROVAL OF THE
DEVELOPER'S PLANS BY THE TOWNSHIP OR AND OF ITS BOARDS OR
AGENCIES WHETHER SAID DAMAGES ARE SUSTAINED PRIOR TO,
DURING OR ATER CONSTRUCTION OF APPLICANT'S/DEVELOPERS
PROJECT.

SIGNATURE _____ DATE _____

WITNESS _____

TOWNSHIP OF MARLBORO

ADMINISTRATIVE OFFICER'S CHECK OFF

ZB# _____ DATE _____

APPLICANTS NAME _____ DATE RECEIVED _____

Date application to be ruled complete or
Incomplete _____
(45 days from above)

FOR ZONING BOARD USE ONLY (CIRCLE ONE)

Part A Complete Incomplete

Part B Complete Incomplete

Application forwarded to Zoning Board Engineer for completeness _____

Application signed off on by Zoning Board Planning Consultant for completeness
only _____

Application signed off by Zoning Board Planner as complete _____

FEE \$ _____ ESCROW \$ _____ STENO \$ _____

Application reviewed and declared complete by Administrative Officer on _____

Application reviewed and declared incomplete by Administrative Officer on _____

REASONS: _____

Application will be scheduled to be heard on _____ For _____

Upon Completeness, Distribute Plan and Application as follows:

	Plans FWD.	Report DATED	REPORT RECD.	REPORT FWD. TO APPLICANT
PERSON/BOARD/AGENCY				
Zoning Board Engineer	_____	_____	_____	_____
Zoning Board Consultant	_____	_____	_____	_____
Environmentalist	_____	_____	_____	_____
Fire Subcode Inspector	_____	_____	_____	_____
Zoning Board Planner	_____	_____	_____	_____
Traffic Consultant	_____	_____	_____	_____

ZONING BOARD OF ADJUSTMENT

TOWNSHIP OF MARLBORO

DISCLOSURE STATEMENT

Application Number ZB _____ Date _____

Applicant Name _____

Received by _____ Date received _____

Disclosure Pursuant to N.J.S.A. 40:55D-48.1

To: The Township of Marlboro Zoning Board of Adjustment

Pursuant to N.J.S.A. 40:55D-48.1 _____
Applicant Name

Is a Corporation or Partnership, which has applied to the Township of Marlboro Zoning Board of Adjustment for permission to subdivide a parcel of land into six or more lots, or is applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes under Zoning Board Application Number _____ and, therefore, discloses the names and addresses of all stockholders or individual partners who own ten percent (10%) or more of it's stock or of ten percent (10%) or greater interest in the partnership as the case may be:

Name of Stockholder	Address	Percentage of Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Name (Print)

Applicant Signature

**AFFIDAVIT OF SERVICE
ZONING BOARD OF ADJUSTMENT**

In the manner of

Applicant _____

State of New Jersey
County of Monmouth

SS# _____

Name of Party Making Application _____ of
full age, being according to law, deposes and says:

1. I reside at _____
County of _____ and State of New Jersey.
2. I am the applicant, his or her agent or attorney in a proceeding before the Marlboro Township Board of Adjustment.
3. At least 10 (ten) days prior to the time appointed for hearing I served notice of this proceeding upon each and all of the owners of property affected by one of the following methods:
 - A) Certified mail, return receipts attached to this affidavit
 - B) Personally, by handing a copy of the Notice to the owner
4. A true copy of this notice and a list of the names and addresses of all persons notified indicating the date and manner of services are attached to this affidavit.

SIGNATURE

Sworn and Subscribed by me before this _____ day of _____

Exhibit No. _____

TOWNSHIP OF MARLBORO

ZONING BOARD OF ADJUSTMENT

**1979 TOWNSHIP DRIVE
MARLBORO, NEW JERSEY 07746**

TAX COLLECTOR'S CERTIFICATION

I, Kelly Hahn Tax Collector for the Township of Marlboro, do hereby certify and affirm that no taxes or assessment for local improvements are due or delinquent on Block _____, Lot(s) _____, as shown on the Tax Map of the Township of Marlboro.

Taxes paid thru _____

Taxes unpaid for _____ **Date**

Name

Signature & Date:

ZONING BOARD OF ADJUSTMENT

TOWNSHIP OF MARLBORO

APPLICATION AFFIDAVIT OF COMPLETENESS

APPLICATION NO. _____
(To be completed by Administrative Officer)

APPLICANT NAME _____

ADDRESS _____

PHONE NUMBER () _____

BLOCK/LOT/TAX MAP SHET _____
Block Lot (s) Tax Map Sheet

AFFIDAVIT OF COMPLETENESS

I, the undersigned affirm this application fully complies with all standards and requirements of the Municipal Land Use Law N.J.S.A. 40:55D-1 et seq. and amendments thereto; the current Land Development Ordinances of the Township of Marlboro and the Township of Marlboro checklist. I further affirm all information contained herein is complete and accurate.

Name of Developer (Print or Type)

Signature of Applicant

Name of Engineer

Signature/License No. _____

Date: _____

Township of Marlboro

Michael Imbriaco
Tax Assessor

1979 Township Drive
Marlboro, New Jersey 07746
(732) 536-0200 FAX: (732) 972-7697

REQUEST FOR 200 FT. PROPERTY OWNERS LIST

PROPERTY KNOWN AS BLOCK _____ LOT _____

ADDRESS OF PROPERTY _____

REQUIRED FEE \$10.00 PER BLOCK & LOT

SIGNATURE

DATE: _____

TO BE MAILED TO:

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

OWNERS AFFIDAVIT OF AUTHORIZATION AND CONSENT

In the matter of _____ ZB # _____
(name of applicant)

State of New Jersey
County of Monmouth SS # _____

_____ of full age, being duly sworn according
to law and oath deposes and says:

I reside at _____

and am the owner in fee of _____
Name of company if applicable

Which company is the owner in fee of property located at _____

Marlboro Township, NJ designated as Block _____ Lot _____

On the latest Tax Map of Marlboro Township.

The applicant above named is the _____
Relationship to owner

I (or said company) authorizes said applicant to appeal to the Zoning Board of
Adjustment of Marlboro Township for such relief as the applicant may seek relating to
said property and consent(s) to such appeal and agrees that any decision of the Zoning
Board of Marlboro Township on such appeal be binding upon me (said company as if
said appeal has been brought and prosecuted directly, by me as owner.

Subscribed and sworn to before me
This _____ day of _____

Notary

Owner's signature

NOTICE OF PUBLIC HEARING TO ADJOINING PROPERTY OWNERS

FILE #ZB _____

IN THE MATTER OF: _____

TO: _____
(OWNER OF ADJOINING PROPERTY)

PLEASE TAKE NOTICE.....

THE UNDERSIGNED HAS APPEALED TO THE ZONING BOARD OF ADJUSTMENT OF MARLBORO TOWNSHIP FOR A USE VARIANCE, REQUESTING RELIEF FROM SECTION(S), AND ANY AND ALL VARIANCES THAT MIGHT BE DEEMED NECESSARY DURING THE COURSE OF THE HEARING, BY THE ZONING BOARD OF ADJUSTMENT OF THE TOWNSHIP OF MARLBORO SO AS TO PERMIT THE:

ON PREMISES KNOWN AS _____

BLOCK _____, LOT(S) _____

WHICH IS WITHIN 200 FEET OF PROPERTY OWNED BY YOU. THIS APPEAL IS NOW ON THE CALENDAR AND A PUBLIC HEARING HAS BEEN SCHEDULED FOR _____, 2010 AT 8:00 P.M. IN THE MUNICIPAL BUILDING 1979 TOWNSHIP DRIVE, MARLBORO, NEW JERSEY AT WHICH TIME YOU MAY APPEAR IN PERSON, OR BY AN ATTORNEY AND PRESENT ANY OBJECTIONS YOU MAY HAVE TO THE GRANTING OF THIS APPEAL OR EVIDENCE RELATING THERETO. ALL PROPOSED EXHIBITS ARE ON FILE WITH THE ZONING BOARD CLERK AND ARE AVAILABLE FOR INSPECTION AT REGULAR BUSINESS HOURS.

THIS NOTICE IS SERVED UPON YOU BY THE APPLICANT BY DIRECTION OF THE ZONING BOARD OF ADJUSTMENT PURSUANT TO STATUTE.

APPLICANT'S SIGNATURE DATE

TOWNSHIP OF MARLBORO
Zoning Board of Adjustment

- CONFLICT & CONTRIBUTION DISCLOSURE STATEMENTS -

This form must be completed by all applicants for a variance, waiver or exception in conjunction with any application for a subdivision, not considered a minor subdivision, or a site plan, not considered a minor site plan. All applicants have a continuing obligation while their application is pending before the Zoning Board of Adjustment to amend this form to disclose all contributions and relationships that fall within the scope of the disclosure requirements. The information disclosed on this form shall not be used in any manner as evidence relevant to the decision-making criteria for granting the subject application.

As used in this form, the following terms shall mean:

DEVELOPER: The legal or beneficial owner or owners of a lot or of any land proposed to be included in a proposed development, including the holder of an option or contract to purchase, or other person having an enforceable proprietary interest in such land.

PROFESSIONAL: Any person or entity whose principals are required to be licensed by New Jersey law. Professional shall include both the individuals and, if applicable, the firms or entities in which said individuals practice.

CONTRIBUTION: Every loan, gift, subscription, advance or transfer of money or other thing of value, including any item of real property or personal property, tangible or intangible (but not including services provided without compensation by individuals volunteering a part or all of their time on behalf of a candidate, committee or organization), made to or on behalf of any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committee and any pledge, promise or other commitment or assumption of liability to make such transfer. For purposes of this form, any such commitment or assumption shall be deemed to have been a contribution upon the date when such commitment is made or liability assumed.

1. **CONTRIBUTION DISCLOSURE STATEMENT:** Please list below all contributions to any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committees of, or pertaining to, the Township of Marlboro made within one (1) year prior to the last municipal election through the time of filing the application with or seeking approval from the Zoning Board of Adjustment by (a) the applicant; (b) any developer involved in the application; (c) any associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the name of the individual or entity who made the contribution, the recipient of the contribution, the amount of the contribution and the date of the contribution (*attach additional pages if necessary*):

APPLICATION ZB#: _____

NAME: _____

CONTRIBUTOR	RECIPIENT	AMOUNT	DATE

X _____
signature

2. **CONFLICT DISCLOSURE STATEMENT:** List below any business, financial, social or family relationships between any current member of the Zoning Board of Adjustment and (a) the applicant; (b) any developer involved in the application; (c) all associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the individuals or entities who have such a relationship and the nature of the relationship. *(attach additional pages if necessary):*

APPLICATION ZB#: _____

NAME: _____

INDIVIDUAL/ENTITIES WITH RELATIONSHIP	NATURE OF RELATIONSHIP

X _____
signature

Request for Taxpayer Identification Number and Certification

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

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. 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 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number																				
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List account number(s) here (optional)

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If 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.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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 not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- 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 the Part II instructions and the separate instructions for the Requester of Form W-9.

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.

TOWNSHIP OF MARLBORO

AFFIRMATION OF LOCAL PAY TO PLAY ORDINANCE

This form must be completed by all parties seeking a land use approval from the Township which if approved, will result in having to execute a Developer's Agreement, Amended Developer's Agreement or Redevelopment Agreement with the Township of Marlboro.

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that _____ (insert name of business entity) has reviewed Chapter 26 of the Code of the Township of Marlboro (revised September, 2007) and certifies that it has not solicited or made, and will not solicit or make, any contributions in violation of the terms of said Chapter.

Chapter 26 of the Code of the Township of Marlboro prohibits developers and/or redevelopers, as defined further in said Chapter, from soliciting or making contributions of money, or pledges of contributions, including in-kind contributions, in excess of certain thresholds specified in said Chapter, within one calendar year immediately preceding the date of entering into a developer's agreement, redevelopment agreement, amended agreement, or contract to:

- Any Township candidate or holder of public office having ultimate responsibility for the award of the contract, or
- Any campaign committee of such candidate or holder of public office, or
- Any Township of Marlboro political party, or
- Any county party committee within the State of New Jersey, or
- Any candidate committee, state or Township political party committee, legislative leadership committee, continuing political committee or political action committee (PAC) organized under Section 572 of the Internal Revenue Code, that is organized for the purpose of promoting or supporting Township candidates or Township officeholders and/or that has within the last calendar year provided financial or in-kind support to Township of Marlboro municipal elections and/or to Township of Marlboro municipal or Township parties.

To review this Chapter and the important definitions and thresholds set forth therein, vendors may view the Township Code by going to the Township's website - www.marlboro-nj.gov.

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Subscribed and sworn before me this ___ day of _____, 2

(Affiant)

My Commission expires:

(Print name & title of affiant) (Corporate Seal)