

**Passaic County**  
**CROSS-ACCEPTANCE MUNICIPAL QUESTIONNAIRE**

A key element of the Cross-Acceptance process is to maximize input from each municipality in relating its master plan and zoning ordinances to the State Plan. This questionnaire is a means for the County of Passaic to evaluate the influence of the State Plan on local plans. The goal is to provide the State Planning Commission with a record of municipal efforts to implement the State Plan as well as suggested changes to the State Plan and map. Additionally, information on future population, housing, and employment growth, open space and farmland preservation, and where development is likely to occur will be obtained through this questionnaire.

This questionnaire is in three parts:

- Part 1 Municipal Master Plan – Future Growth and Preservation
- Part 2 Smart Growth Initiatives
- Part 3 Suggested Changes to the State Plan
- Part 4 Contact Information

Please use the documents and maps included on the accompanying CD1 to assist in answering this questionnaire. The CD includes the following:

- Last Version of the State Plan (StatePlan 03001.pdf)
- Proposed Changes to the State Plan (PrelimPlan042404.PDF)
- Plan Endorsement Guidelines (2004peguidelines.pdf)
- State Plan Map
- GIS data (Arcview)

#### Cross Acceptance Guiding Legislation

*“In preparing, maintaining and revising the State Development and Redevelopment Plan, the commission shall solicit and give due consideration to the plans, comments and advice of each county and municipality...” N.J.S.A.52:18A-202, 7.a.*

*“The commission shall negotiate plan cross-acceptance with each county planning board, which shall solicit and receive any findings, recommendations and objections concerning the plan from local planning bodies.” N.J.S.A.52:18A-202, 7.b.*

#### Questionnaire

Please complete the attached questionnaire and return it to the Passaic County Department of Planning

For more information:

**Passaic County Website**

[www.passaiccountynj.org](http://www.passaiccountynj.org) Email: [xaccept@passaiccountynj.org](mailto:xaccept@passaiccountynj.org)

Phone: 973-881-4490

Tineen Howard, Assistant Planner

Laura Torchio, Supervising Planner

# CROSS-ACCEPTANCE QUESTIONNAIRE

FOR

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(Name of Municipality)

## **Part 1 Municipal Master Plan – Future Growth and Preservation**

This section of the questionnaire obtains information on future growth and preservation as presented in your municipality's master plan, reexamination report and zoning ordinance. Please provide the following information where applicable:

1. Estimated percent change housing units from 2000 to 2020.  
\_\_\_\_\_
2. Estimated percent change in commercial, office, industrial development (square feet) from 2000 to 2020.  
\_\_\_\_\_
3. Estimated percent change in permanently preserved open space (acres) including Federal, state, county, municipal, and non-profit from 2000 to 2020.  
\_\_\_\_\_
4. Estimated percent change in preserved farmland (acres) from 2000 to 2020.  
\_\_\_\_\_
5. Estimated percent change in vacant land (acres) from 2000 to 2020.

Part 2. Smart Growth Initiatives

1. Will your municipality be applying for Plan Endorsement by the State Planning Commission within the next three years? (Circle one)

Yes No Maybe

If "Yes", would you be creating or delineating one or more centers within your municipality?  
(Circle one)

Yes No Maybe

2. Has the planning board amended or will the planning board amend your municipality's master plan to be consistent with the State Plan? (Circle one) Yes No

If "Yes," please provide a brief description of the changes or proposed changes below.  
If "No," please explain why.

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3. Has the governing body adopted or will the governing body adopt amendments to your municipality's zoning ordinance and/or map to be consistent with the State Plan? (Circle one) Yes No

If "Yes," please provide a brief description of the changes below.  
If "No," please explain why.

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**Part 3 Suggested Changes to the State Plan**

1. Please list any proposed changes that your municipality would like to have made to the State Plan Statewide Goals, Strategies and Policies. (pages 23 through 174)

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2. Please list any proposed changes to the description, delineation criteria, intent, policy objectives, and/or implementation strategy of any planning area. Include any proposed changes to the description or delineation of centers and/or environs. (pages 181 through 254)

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2. Please mark any proposed changes to the delineation of Planning Areas, Critical Environmental Sites (CES) or Historic and Cultural Sites (HCS) on the accompanying State Plan map.

- Yes, we are making changes to the State Plan Map  
 No, we do not intend to make changes to the State Plan map

If your municipality is proposing changes to the State Plan Map, please complete the attached form (as required by the Office of Smart Growth)

**Part 4 Contact Information**

Please complete the following information in the event we have questions concerning the information that you have provided.

Name of person completing the Cross-Acceptance Form: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Communication preference: Regular Mail Telephone Fax E-mail

To ensure that municipal officials in the planning process have reviewed this form with the information that you have provided, please have the Mayor, Governing Body President, and Planning Board Chair sign and date in the spaces provided below.

We, the undersigned, hereby acknowledge that the information provided in this form has been reviewed by the Mayor, the Governing Body President (if applicable) and the Planning board.

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Governing Body President

\_\_\_\_\_  
Planning Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**NJ Office of Smart Growth (NJOSG)  
MAP AMENDMENT DOCUMENT**

Page \_\_\_\_\_ of \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

County Name: \_\_\_\_\_

OSG Quadrangle Number: \_\_\_\_\_

U.S.G.S. Quad Name: \_\_\_\_\_

Use this form to document requests for map amendments during Cross-acceptance. Use a separate form for each quad.

**AMENDMENTS:**

Amendment # 1 Planning Area  Center  CE/HS  C/N

Reason for change:

Source:

Amendment # 2 Planning Area  Center  CE/HS  C/N

Reason for change:

Source:

Amendment # 3 Planning Area  Center  CE/HS  C/N

Reason for change:

Source:

Amendment # 4 Planning Area  Center  CE/HS  C/N

Reason for change:

Source: