

COMPLETENESS CHECKLIST FOR USE AND/OR BULK VARIANCES (Revised 5/13/13)

Section §802B. Completeness Checklist for Use Variance and Bulk Variance Request.

Prior to issuance of a Certificate of Completeness, the Administrative Officer shall determine that the following documents have been submitted:

- | <u>C</u> | <u>N</u> | <u>N/A*</u> | <u>W*</u> | <u>ONLY FOLDED PLANS WILL BE ACCEPTED</u> |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Twenty-five (25) copies of completed and signed application form which must include the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Applicant's name, address, telephone number, facsimile number, and e-mail address (if applicable). <input checked="" type="checkbox"/> Property Owner's name, address, telephone number, facsimile number, and e-mail address (if applicable). <input checked="" type="checkbox"/> Applicant's interest in the property. <input checked="" type="checkbox"/> Name, address, telephone number, facsimile number, and e-mail address (if applicable) of the Applicant's attorney (if represented) as well as any and all other professional representative(s). <input checked="" type="checkbox"/> Street address of the property <input checked="" type="checkbox"/> Tax lot and block numbers of the property <input checked="" type="checkbox"/> Zoning District in which the property is located. <input checked="" type="checkbox"/> Description of the property <input checked="" type="checkbox"/> Description of the proposed development. <input checked="" type="checkbox"/> Type of application <input checked="" type="checkbox"/> Provide identification of subject property/properties' Special Flood Hazard Area Zone <input checked="" type="checkbox"/> Executed copy of "Authorization & Consent Form" Part "C" <input checked="" type="checkbox"/> Executed copy of "Certificate of Ownership" Part "D", if applicable <input checked="" type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable <input type="checkbox"/> Applicant/Owner to provide verification of taxes paid (this will be further verified by the Administrative Officer). <input checked="" type="checkbox"/> Executed copy of "Escrow Agreement" Part "E" |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Twenty-five (25) copies of the property deed(s). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Twenty-five (25) copies of the Zoning Permit Denial [not required for subdivisions] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Required Plans folded, no larger than 30"x42": <ul style="list-style-type: none"> a. Twenty-five (25) copies of current signed & sealed survey, prepared by a New Jersey Licensed Professional Land Surveyor. b. Five (5) copies with initial submission and each subsequent submission for completeness review. c. Once the application is deemed complete, twenty (20) additional full-sized paper sets of the plans plus one (1) reduced-size paper set of the plans no larger than 11"x17", and one (1) CD containing the plans in .pdf format must be submitted to the Board Office for distribution. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Six (6) copies of Tree Removal Application package in accordance with Section §525 (if applicable). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Community Impact Statement (for Use Variance only) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Application Fee \$ <u>100.00</u> Escrow Deposit \$ <u>250.00</u> |

In accordance with fee schedule.

C = Complete

N = Incomplete N/A = Not Applicable

* Any request for a "WAIVER" must include a written explanation for the request.

APPLICATION for USE and/or BULK VARIANCES

TYPE OF VARIANCE REQUESTED:

- Bulk Variance (front, side/rear setback, other) – Specify: Expansion of Covered Porch - 2 feet into the setback area.
- Bulk Variance (lot coverage): _____
- Use Variance (proposal not permitted in zone): _____
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 118 Mt Taber Way, Ocean Grove, NJ 07756
2. Block: 153 Lot: 4
3. Property is located in HDR 1 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: Hy Rudin & Ellen Mallin
Mailing Address: 212 Idols Road, Unit F2, Berlin Station, PA 19066
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: _____
5. Name of Owner: Same as Applicant
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
6. Interest of Applicant, if other than Owner: _____
7. Name of Contact Person: Christopher L. Beckman, Esq.
Mailing Address: 47 Main Avenue, Ocean Grove, NJ 07756
Phone #: 732-774-8262 Ext 108 Fax #: 732-774-6989 Cell #: [REDACTED]
E-mail Address: Christopher.L.Beckman@gmail.com
8. Applicant's Attorney: Same as Contact Company: Beckman Law Firm, LLC
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
9. Applicant's Engineer: N/A Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
10. Applicant's Architect: Richard Villano, AIA Company: Richard Villano, LLC
Mailing Address: 2006 State Hwy 71, Spring Lake Heights, NJ 07762
Phone #: 732-282-9300 Fax #: 732-282-9301 Cell #: _____
E-mail Address: _____
11. Applicant's Surveyor: Michael J. Williams, PLS Company: Michael Williams Land Surveying, LLC
Mailing Address: 56 Main Avenue, Ocean Grove, NJ 07756
Phone #: 732-988-6440 Fax #: 732-502-0669 Cell #: _____
E-mail Address: _____
12. Applicant's Planner: N/A Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____

DESCRIPTION OF PROPERTY (e.g., Single Family Dwelling, Commercial/Retail):

Existing use of property: Single Family Dwelling
 Proposed use of property: Single Family Dwelling
 Special Flood Hazard Area: N/A

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE	1,800	1,807.5	unchanged
LOT COVERAGE	90%	1,219.5	1,275
BUILDING COVERAGE	85%	59%	62%
BUILDING HEIGHT	35 ft	Unchanged	Unchanged
FRONT SETBACK	10 ft	10 ft	unchanged 8 ft
REAR SETBACK	0 ft		
SIDE SETBACK	2 ft	1.81 / 1.83	unchanged
COMBINED SIDE SETBACK	4 ft	~ 36 ft	

(If multiple lots and/or buildings, please attach additional detailed listing for each.)

ACCESSORY (if applicable):

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE			
LOT COVERAGE			
BUILDING COVERAGE	N/A		
BUILDING HEIGHT	N/A		
FRONT SETBACK			
REAR SETBACK			
SIDE SETBACK			
COMBINED SIDE SETBACK			

(If multiple lots and/or buildings, please attach additional detailed listing for each.)

8. Have there been any previous applications to the Planning Board or Board of Adjustment involving these premises?

YES NO

If YES, please give date(s): _____

Result of decision: _____

9. Justification/reason(s) for variance(s) requested. (Be as specific as possible; attach additional sheets if necessary.):

In line with porches of neighboring houses within same
Block as per § 413.06 Section D of Neptune Land
Development Ordinance.

ESCROW AGREEMENT

I/We fully understand an "Escrow Account" will be established to cover the costs of professional services which may include engineering, planning, and/or architectural services, and any other expenses incurred in connection with the review of this application before the Planning Board/Board of Adjustment.

The amount of the Escrow deposit will be determined by the Neptune Township Land Development Ordinance §1000 - Application and Escrow Fees, Table 10.02 - Escrow Fees.

It is the policy of Neptune Township that once an Escrow Account falls below 24% of the original deposit amount, the account must be replenished to its original amount. The only exception would be when the application is nearing completion; in such cases, the Applicant will be notified of any anticipated charges and the amount of the additional deposit required.

Payments shall be due within fifteen (15) days of receipt of the request for additional Escrow Funds. If payment is not received within that time, the Applicant will be considered to be in default, and such default may jeopardize further appearance before the Board, and delay any and all pending approvals and the issuance of building permits. Continued failure to submit requested funds will result in legal action against the property.

In accordance with N.J.S.A. 40:55D-53.1, all unused portion of the Escrow Account will be refunded upon written request from the Applicant, and verification by the Board's professionals who reviewed the application.

By signature below, I/We acknowledge receipt of Neptune Township's \$1000 - Application and Escrow Fees, and agree to all conditions listed.

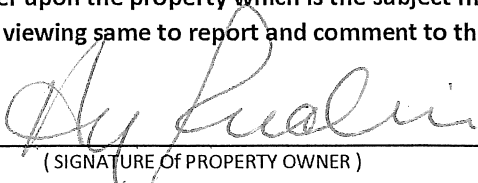
Name of Applicant: Hy Rudin & Ellen Mallin
(PLEASE PRINT)
Property Address: 118 Mt Tabor Way, Ocean Grove, NJ 07756
Block: 153 Lot: 4

Applicant: Hy Rudin (PRINT NAME)  (SIGNATURE OF APPLICANT) Date: 6/21/22
Owner: Ellen Mallin (PRINT NAME)  (SIGNATURE OF OWNER) Date: 6/21/22

SITE VISIT AUTHORIZATION OF PROPERTY OWNER

I hereby authorize any member of the Township of Neptune Planning Board or Board of Adjustment, any of said Board's professionals or any reviewing agencies of the Board to enter upon the property which is the subject matter of this application, during daylight hours, for the limited purpose of viewing same to report and comment to the Board as to the pending application.

Date: 6/21/22



(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR

Block: _____ Lot: _____

Property location: _____

Status of municipal taxes: _____

Status of assessments for local improvements: _____

Date: _____

(AUTHORIZED SIGNATURE OF TAX COLLECTOR)

OWNER'S AFFIDAVIT OF AUTHORIZATION AND CONSENT STATEMENT OF LANDOWNER
WHERE APPLICANT IS NOT LANDOWNER

(Original signatures only – copies will not be accepted)

In the matter before the Board of Adjustment in the Township of Neptune,
(INSERT PLANNING BOARD OF BOARD OF ADJUSTMENT)
State of New Jersey, County of Monmouth, I/We, Hy Rudin & Ellen Ballin,
(INSERT PROPERTY OWNER'S NAME(S))
with mailing address of 212 Idie's Road, Unit F-2, Merion Station, PA 19066
(INSERT PROPERTY OWNER'S MAILING ADDRESS)
of full age being duly sworn according to oath depose(s) and say(s):

"I/We am/are the Owner(s) of the subject property in connection with this application

designated as Block(s) 153 Lot(s) 4,

also known as 118 MT Tabor Way, Ocean Grove, NJ 07756
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize Christopher L. Beckman
(INSERT NAME OF OWNER(S) REPRESENTATIVE APPEARING BEFORE THE BOARD)

to appeal to the Planning Board/Board of Adjustment of the Township of Neptune for such relief as may be required relating to the property listed above, consent to such appeal and application, and agree that the decision of the Planning Board/Board of Adjustment on such appeal shall be binding upon me/us as if said appeal has been brought and prosecuted directly by me/us as the Owner(s).

Hy Rudin
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Ellen Mallin
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

21 day of June, 2022

[Signature]
(SIGNATURE OF NOTARY PUBLIC)

[NOTARY SEAL]

Christopher L. Beckman, Atty at Law State of NJ

9. Justification/Reason(s) for variance(s) requested [be as specific as possible attach additional sheets as necessary]

10. If a Zoning denial has been received as part of this application, please attach.

The required submission for all applications to be complete is twenty-five (25) copies of completed application form inclusive of any supporting information; and twenty-five (25) copies and one (1) CD* of survey and/or plan(s) with one (1) additional copy of survey and/or plan(s) on 11" x 17" sheet(s).

* See Section 802B. Completeness Checklist for Use Variance and Bulk Variance Request for details on submission requirements.

AFFIDAVIT OF APPLICATION

State of New Jersey
County of Monmouth

Hy Rudin being of full age, being duly sworn according to
(Insert Applicant's Name)

Law, on oath depose and says that all the above statements are true.

Hy Rudin
(Original Signature of Applicant to be Notarized)

Hy Rudin
(Print Name of Applicant)

Sworn and subscribed before me this

28 day of July, 2022

[Signature]
Signature of Notary Public

NOTARY SEAL
CHRISTOPHER L. BECKMAN, ESQ.
An Attorney at Law of NJ