

Application for Use and/or Bulk Variances

Type of Variance Requested:

- Bulk Variance [front, side/rear setback, other] Specify Requesting relief from land development ordinance 505-B-8
- Bulk Variance [Lot Coverage] _____
- Use Variance [proposal not permitted in zone] _____
- Appeal/Interpretation of Decision _____
- Other, Specify _____

1. Property Address: 1329 6th Ave Neptune NJ 07753
2. Block 416 Lot 26
3. Property is located in R-4 Zoning District according to the Neptune Twp. Land Ordinance.
4. Name of applicant: Josh Molinoff
Mailing address: 1329 6th Ave Neptune NJ 07753
Phone # [REDACTED] Fax # _____ Cell # [REDACTED]
E-mail address: [REDACTED]
5. Name of owner: Josh Molinoff
Mailing address: 1329 6th Ave Neptune NJ 07753
Phone # [REDACTED] Fax # _____ Cell # [REDACTED]
E-mail address: [REDACTED]
6. Name of contact person: Josh Molinoff
Mailing address: 1329 6th Ave Neptune NJ 07753
Phone # [REDACTED] Fax # _____ Cell # [REDACTED]
E-mail address: [REDACTED]
7. Interest of applicant, if other than owner: Yes No

APPLICATION for USE and/or BULK VARIANCES

TYPE OF VARIANCE REQUESTED:

- Bulk Variance (front, side/rear setback, other) – Specify: requesting relief from land development ordinance 505-B-8
- Bulk Variance (lot coverage): _____
- Use Variance (proposal not permitted in zone): _____
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 1329 6TH Ave Neptune New Jersey 07753
2. Block: 416 Lot: 26
3. Property is located in R-4 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: Josh Molinoff
Mailing Address: 1329 6TH Ave Neptune New Jersey 07753
Phone #: [REDACTED] Fax #: N/A Cell #: [REDACTED]
E-mail Address: [REDACTED]
5. Name of Owner: Josh Molinoff
Mailing Address: 1329 6TH Ave Neptune NJ 07753
Phone #: [REDACTED] Fax #: N/A Cell #: [REDACTED]
E-mail Address: [REDACTED]
6. Interest of Applicant, if other than Owner: _____
7. Name of Contact Person: JOSH MOLINOFF
Mailing Address: 1329 6TH Ave Neptune NJ 07753
Phone #: [REDACTED] Fax #: N/A Cell #: [REDACTED]
E-mail Address: [REDACTED]
8. Applicant's Attorney: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
9. Applicant's Engineer: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
10. Applicant's Architect: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
11. Applicant's Surveyor: Morgan Engineering + Surveying Company David J. VonSteenburg
Mailing Address: P O Box 5232 Toms River NJ 08754
Phone #: 732 270 9690 Fax #: 732 270 9691 Cell #: N/A
E-mail Address: Janne@morganengineeringllc.com
12. Applicant's Planner: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____

Detailed Information:

- Existing use of property: Detached Single Family Residence
- Proposed use of property: Detached Single Family Residence
- Special Flood Hazard Area: n/a

Principal Use:

	Required and/or Permitted	Existing	Proposed
Lot Size			
Lot Coverage			
Building Coverage			
Building Height			
Front Setback			
Rear Setback			
Side Setback			
Combined Side Setback			

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

Accessory: (If Applicable)

	Permitted	Existing	Proposed
Lot Size			
Lot Coverage			
Building Coverage			
Building Height			
Front Setback			
Rear Setback			
Side Setback			
Combined Side Setback			

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

8. Has there been any previous applications involving these premises Yes No
- If so when _____
- Result of decision _____

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

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

PRINCIPAL USE:

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

(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			
BUILDING HEIGHT			
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.):

See Attached -

9. Justification/Reason for Variance requested:

I am seeking relief from Land Development Ordinance 505-B-8 to prevent passerbys from interacting my dogs and vice versa. Other animals have been able to reach through the fence and bite/interactwith my dogs. By moving the fence the previous owner installed and pushing the new 6' solid fence back onto the property line it will avoid any unnecessary interaction and possible injury. I have a high tech back up camera installed on my car that offers 180 degrees of view and 1080p resolution so the Driveway triangle of sight is not of personal concern to me as the fence wil not hinder my vision. Of the other guests who frequent my home enough to park in the driveway, no one is without a backup camera posing little to no fisk of a lack of vision.

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 a completed application form, inclusive of any supporting information.
- 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 §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

Josh Molino

(INSERT APPLICANT'S NAME)

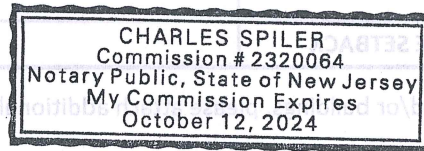
, being of full age, being duly sworn according to Law, on oath

deposes and says that all the above statements are true.

Josh Molino
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Josh Molino

(PRINT NAME OF APPLICANT)



Sworn and subscribed before me this

10th day of FEBRUARY, 20 22

[NOTARY SEAL]

Charles Spiler

(SIGNATURE OF NOTARY PUBLIC)

SITE VISIT AUTHORIZATION OF PROPERTY OWNER

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

Date: 2/10/2022 _____ Jed McNeill _____
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

Escrow Agreement

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

The amount of the Escrow Deposit will be determined by the Neptune Township Land Development Ordinance, section 1000 Application and Escrow Fee, 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; applicant will be notified of any anticipated charges and the amount of the deposit required.

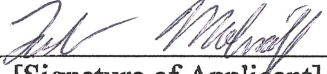
Payments shall be due within fifteen [15] days of receipt of the request for additional Escrow Funds. If payment is not received within that time, applicant will be considered to be in default, and such default may jeopardize appearance before the Board of hold up any and all pending approvals and building permits. Continued refusal will result in legal action against the property.


Also 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 Section 1000, Application and Escrow Fees and agree to all conditions listed.

Name of Applicant: Josh Molinoff
[please print]

Property Address: 1329 6th Ave Neptune NJ 07753 Block 416 Lot 26

Applicant's Name: Josh Molinoff 
[Print Name] [Signature of Applicant]

Owner's Name: Josh Molinoff 
[Print Name] [Signature of Owner]

Date: 2/10/2022