



Application for Use and/or Bulk Variances

Type of Variance Requested:

- Bulk Variance [front, side/rear setback, other] Specify Please see attached.

- Bulk Variance [Lot Coverage] _____
- Use Variance [proposal not permitted in zone] _____
- Appeal/Interpretation of Decision _____
- Other, Specify _____

1. Property Address: 75 South Main Street, Neptune, NJ 07753

2. Block 306 Lot 7

3. Property is located in B-1 Town Commercial Zoning District according to the Neptune Twp. Land Ordinance.

4. Name of applicant: Rite Aid of New Jersey, Inc.

Mailing address: P.O. Box 3165, Harrisburg, Pennsylvania 17105

Phone # (856) 217-8431 Fax # _____ Cell # _____

E-mail address: Michael.Lazar@riteaid.com

5. Name of owner: West Grove Square Associates LLC

Mailing address: 3899 Route 516, Old Bridge, NJ 08857

Phone # 732-679-7800 Fax # _____ Cell # _____

E-mail address: _____

6. Name of contact person: William F. Harrison, Esq. at Genova Burns LLC

Mailing address: 494 Broad Street, Newark, New Jersey 07102

Phone # (973)535-4430 Fax # (973)533-1112 Cell # _____

E-mail address: wharrison@genovaburns.com

7. Interest of applicant, if other than owner: Lessee

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

Please see attached.

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

Rite Aid of New Jersey, Inc. 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.

[Handwritten Signature]

(Original Signature of Applicant to be Notarized)

Michael Lazar

(Print Name of Applicant)

Sworn and subscribed before me this

9th day of May, 2022

COURTNEY L. BEEBE
Notary Public
State of New Jersey
My Commission Expires May 19, 2023
I.D.# 50082006

[NOTARY SEAL]

[Handwritten Signature]

Signature of Notary Public

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 Zoning Board of Adjustment
(Insert Planning Board or Zoning Board of Adjustment)

IN THE TOWNSHIP OF NEPTUNE, STATE OF NEW JERSEY, COUNTY OF MONMOUTH.

I/WE, West Grove Square Associates LLC, WITH MAILING ADDRESS OF
(Insert Property Owner's Name)

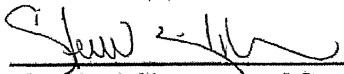
3899 ROUTE 516 OLD BRIDGE, NJ, 08857 OF FULL AGE BEING DULY
(Insert Property Owner's Mailing Address)

SWORN ACCORDING TO LAW AND OATH DEPOSES AND SAYS:

"I/WE ARE THE OWNER(S) OF THE SUBJECT PROPERTY IN CONNECTION WITH
THIS APPLICATION DESIGNATED AS BLOCK(S) 306 LOT(S) 7
ALSO KNOWN AS 25-75 South Main Street, Neptune, NJ
(Insert physical address of the subject property)

I/WE AUTHORIZE Rite Aid of New Jersey, Inc.
(Insert name of Owner(s)' representative appearing before the Board)

TO APPEAL TO THE PLANNING/ZONING 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 ANY DECISION OF THE PLANNING/ZONING 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).




(Original Signature of Owner to be Notarized)


JANET FREINDLICH
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 4/1/2024

(Original Signature of Owner to be Notarized)

Sworn and subscribed before me this
14th day of MAY, 2022

[NOTARY SEAL]




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: 5/19/02



Signature of Property Owner

STATEMENT FROM TAX COLLECTOR

Block 306 Lot 7

Property Location 25-75 South Main Street, Neptune, NJ

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: Rite Aid of New Jersey, Inc.
[please print]

Property Address: 75 South Main Street Block 306 Lot 7

Applicant's Name: _____
[Print Name] [Signature of Applicant]

Owner's Name: STEVEN Blitzer _____
[Print Name] [Signature of Owner]

Date: 6/11/02

Escrow Agreement

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[please print]

Property Address: 75 South Main Street Block 306 Lot 7

Applicant's Name: _____
[Print Name] [Signature of Applicant]

Owner's Name: _____
[Print Name] [Signature of Owner]

Date: _____