

**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>	<b><u>ONLY FOLDED PLANS WILL BE ACCEPTED</u></b>	
<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"> <li><input checked="" type="checkbox"/> Applicant's name, address, telephone number, facsimile number, and e-mail address (if applicable).</li> <li><input checked="" type="checkbox"/> Property Owner's name, address, telephone number, facsimile number, and e-mail address (if applicable).</li> <li><input checked="" type="checkbox"/> Applicant's interest in the property.</li> <li><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).</li> <li><input checked="" type="checkbox"/> Street address of the property</li> <li><input checked="" type="checkbox"/> Tax lot and block numbers of the property</li> <li><input checked="" type="checkbox"/> Zoning District in which the property is located.</li> <li><input checked="" type="checkbox"/> Description of the property</li> <li><input checked="" type="checkbox"/> Description of the proposed development.</li> <li><input checked="" type="checkbox"/> Type of application</li> <li><input checked="" type="checkbox"/> Provide identification of subject property/properties' Special Flood Hazard Area Zone</li> <li><input type="checkbox"/> Executed copy of "Authorization &amp; Consent Form" Part "C"</li> <li><input type="checkbox"/> Executed copy of "Certificate of Ownership" Part "D", if applicable</li> <li><input type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable</li> <li><input checked="" type="checkbox"/> Applicant/Owner to provide verification of taxes paid (this will be further verified by the Administrative Officer).</li> <li><input checked="" type="checkbox"/> Executed copy of "Escrow Agreement" Part "E"</li> </ul>
<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]
					4. Required Plans folded, no larger than 30"x42":
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a. Twenty-five (25) copies of current signed & sealed survey, prepared by a New Jersey Licensed Professional Land Surveyor.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		b. Five (5) copies with initial submission and each subsequent submission for completeness review.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		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</u> Escrow Deposit \$ <u>200</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.

Neptune Township  
25 Neptune Blvd.  
Neptune, New Jersey 07753  
732-988-5200 ext. 278 Fax 732-988-4259  
www.neptunetownship.org



Application # \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Filed \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hearing Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Application for Use and/or Bulk Variances

**Type of Variance Requested:**

- Bulk Variance [front, side/rear setback, other] Specify side/rear setback  
current setbacks are 2.3' side and 1.6' rear
- Bulk Variance [Lot Coverage] 41.5%
- Use Variance [proposal not permitted in zone] \_\_\_\_\_
- Appeal/Interpretation of Decision \_\_\_\_\_
- Other, Specify \_\_\_\_\_

1. Property Address: 310 Wilson Rd
2. Block 4908 Lot 5
3. Property is located in R-3 Zoning District according to the Neptune Twp. Land Ordinance.
4. Name of applicant: Christine Scott  
Mailing address: 310 Wilson Rd  
Phone # [REDACTED] Fax # n/a Cell # [REDACTED]  
E-mail address: [REDACTED]
5. Name of owner: same as applicant  
Mailing address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail address: \_\_\_\_\_
6. Name of contact person: same as applicant  
Mailing address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail address: \_\_\_\_\_
7. Interest of applicant, if other than owner: \_\_\_\_\_

**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:**

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

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

**Accessory: (If Applicable)**

	<b>Permitted</b>	<b>Existing</b>	<b>Proposed</b>
<b>Lot Size</b>	50'x100'	50'x100'	50'x100'
<b>Lot Coverage</b>	65%	41.5%	41.5%
<b>Building Coverage</b>	30%	21.1%	21.1%
<b>Building Height</b>	15'	8' 2"	12' 11.5"
<b>Front Setback</b>	n/a for shed	n/a for shed	n/a for shed
<b>Rear Setback</b>	5'	1.6'	1.6'
<b>Side Setback</b>	5'	2.3'	2.3'
<b>Combined Side Setback</b>	n/a for shed	n/a for shed	n/a for shed

(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 \_\_\_\_\_

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

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

Christine R. Scott

(Insert Applicant's Name)

being of full age, being duly sworn according to

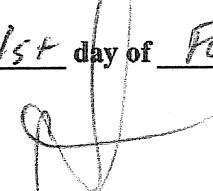
Law, on oath depose and says that all the above statements are true.

  
(Original Signature of Applicant to be Notarized)

Christine R. Scott  
(Print Name of Applicant)

Sworn and subscribed before me this

1st day of February, 20 23

  
Signature of Notary Public

DAVE MAESTRO  
NOTARY PUBLIC OF NEW JERSEY  
Comm. # 60088-4  
My Commission Expires 12/31/2024

[NOTARY SEAL]

**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: 2/1/2023



\_\_\_\_\_  
Signature of Property Owner

*Dog has free access to backyard, please call first.*

**STATEMENT FROM TAX COLLECTOR**

Block 4908 Lot 5

Property Location \_\_\_\_\_

Status of municipal taxes \_\_\_\_\_

Status of assessments for local improvements \_\_\_\_\_

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

\_\_\_\_\_  
Authorized Signature of Tax Collector

**Property Information**

Block : 4908	Lot: 5	Qualification :	Deductions:
Tax Account Number : 61412			Senior: 0
Dimension : 50X100			Vet : 0
Property location : 310 WILSON ROAD			Widow : 0
Property Class : 2			Survivor: 0
Bank code : 00000			Disabled: 0
Additional Lots :			Deduction amount: 0.00

**Owner Information**

SCOTT, CHRISTINE RENEE  
 310 WILSON ROAD  
 NEPTUNE, NJ 07753

**Property Information**

2022 Net Tax :	6,476.98	Land value:	242,400
2023 Net Tax :	0.00	Improvement value:	145,900
2023 Total Tax:	0.00	Net taxable value:	388,300

Special Tax codes : F01      Special Tax Amount :                      0.00

**Tax Quarter History: 2023**

	Due Feb. 1st 1st Quarter	Due May 1st 2nd Quarter	Due Aug. 1st 3rd Quarter	Due Nov. 1st 4th Quarter	1/2 next yr
Tax Due:	1,619.25	1,619.24	0.00	0.00	0.00
Tax Paid:	1,619.25-	0.00	0.00	0.00	0.00
Balance:	0.00	1,619.24	0.00	0.00	0.00

NOTE: 8/11/20 REMOVED BANK CODE. NC

**2023 Balance Summary**

Totals Due:	3,238.49	Paid :	1,619.25	Adjust:	0.00	Bal:	1,619.24
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**Transaction History**

Tax Year	Tax Due	Tax Paid	Interest	Date Paid	Total Paid	Dep#
2023 Tax Year						
Bal Forward	0.00					
1st Quarter	1,619.25	1,619.25	0.00	1/12/23	1,619.25	42
2nd Quarter	1,619.24					
3rd Quarter	0.00					
4th Quarter	0.00					
Ending Bal	1,619.24					



Summary of Transactions for All Years Listed Above By Dates:

mode	paid	tax	int	date
	1,619.25	1,619.25		1/12/23

# 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.

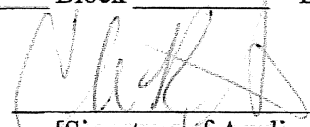
Also in accordance with N.J.S.A. 40:55D-53.1, all unused portion of the escrow account will be refunded upon written request from the applicant, and verification by the board's professionals who reviewed the application.

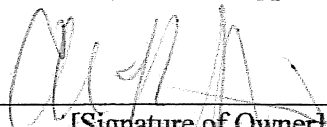
By signature below, I/we acknowledge receipt of Neptune Township's Section 1000, Application and Escrow Fees and agree to all conditions listed.

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Name of Applicant: Christine R. Scott  
[please print]

Property Address: 310 Wilson Rd Block 4908 Lot 5

Applicant's Name: Christine R. Scott  
[Print Name]  [Signature of Applicant]

Owner's Name: Christine R. Scott  
[Print Name]  [Signature of Owner]

Date: 2/1/2023