

APPLICATION TO APPEAL DENIAL OF ZONING and/or HISTORIC PRESERVATION COMMISSION

The following information and checklist are given to assist you in the process of applying to the Board of Adjustment when seeking an appeal of a Zoning Permit denial or denial from the Historic Preservation Commission (HPC).

Please review and submit the following with your request:

- 1. Completed Application for Appeal/Interpretation of Zoning Officer's Decision or Appeal of Historic Preservation Commission's Decision (containing six [6] sheets).
- 2. Survey of the property drawn to scale; survey must show the block and lot numbers of the property, dimensions of the lot, dimensions of present and proposed structure(s), location of all structures, and distance between structures and property lines.
- 3. Copy of the Zoning Permit Denial, which was provided by the Zoning Officer, or a copy of the Denial from the Historic Preservation Commission. *Please note: when appealing an HPC Denial, a copy of the HPC hearing transcript is required. You may request information on obtaining a hearing transcript from the HPC Administrator (732-988-5200 .x. 204).*
- 4. Drawings of the proposed structure (if applicable), and a written description of the proposed project. Be advised that
- N/A** It is helpful to the Board that you provide as much detailed information as possible to assist the members in their review of your appeal.
- N/A** 5. Recent color photos of the structure (if applicable) as it exists; photos should show front, rear, and both side elevations.
- N/A** 6. Corporate Documents if the Applicant is a corporation; or LLC formation documents if Applicant is an LLC.
- 7. Required fees, consisting of Application fee of \$100, and Escrow Deposit of \$750. *Please note: two separate checks made payable to the Township of Neptune in these amounts are required at time of filing.*

All of the above listed items are required in order for the application to be deemed complete. An omission of any one or more items will be reason to deem the application incomplete and will require resubmission.

The information below roughly outlines the steps involved in processing an application for an appeal:

After you submit your application, fees, and supporting documents, your application will be reviewed for completeness. At that time, you will receive notification advising you whether your application is "complete". If your application is deemed "incomplete", you will be asked to provide the additional information as outlined in the notification. If your application is deemed "complete", you will receive a letter advising you of your scheduled hearing date.

When you receive your hearing letter, it will include further instructions regarding the process necessary to notify the public of your application, and the notice requirements for the newspaper.

Though not mandatory, you may wish to have your contractor and/or professionals attend the hearing to answer any questions you are unable to answer. In general, the Board can make its decision at the first meeting/hearing unless the Applicant has failed to provide sufficient information.

Please note that application fees are not refundable whether your application has been approved or denied; however, any unused portion of your escrow deposit will be refunded to you. A written request for such refund must be received by the Board Office in order to begin the refund process.

Should you have any questions or require assistance with the application process, please contact the Board Office either by phone (732-988-5200 .x. 270), or by email (hkepler@neptunetownship.org).

APPLICATION TO APPEAL DENIAL OF ZONING
and/or HISTORIC PRESERVATION COMMISSION

Application # _____ / _____

Date Filed _____ / _____ / _____

Hearing Date _____ / _____ / _____

TYPE OF VARIANCE REQUESTED:

Bulk Variance (front, side/rear setback, other) – Specify: _____

Bulk Variance (lot coverage): _____

Use Variance (proposal not permitted in zone): _____

Appeal/Interpretation of Decision: Appeal Zoning Determination dated September 8, 2025

Other - Specify: _____

1. **Property Address:** 216 Highway 35

2. **Block:** 613 **Lot:** 8

3. **Property is located in** B-1 **Zoning District**, according to Neptune Township Land Development Ordinance.

4. **Name of Applicant:** Abbas Osman Family Trust
Mailing Address: 216 Highway 35, Neptune, NJ 07753
 Phone #: 7325837474 Fax #: _____ Cell #: _____
 E-mail Address: salfieri@cgajlaw.com

5. **Name of Owner:** Same as Applicant
Mailing Address: _____
 Phone #: _____ Fax #: _____ Cell #: _____
 E-mail Address: _____

6. **Interest of Applicant, if other than Owner:** n/a

7. **Name of Contact Person:** _____
Mailing Address: _____
 Phone #: _____ Fax #: _____ Cell #: _____
 E-mail Address: _____

8. **Applicant's Attorney:** Salvatore Alfieri, Esq. **Company:** Cleary Giacobbe Alfieri Jacobs, LLC
Mailing Address: 955 Route 34, Suite 200, Matawan, NJ 07747
 Phone #: 7325837474 Fax #: _____ Cell #: _____
 E-mail Address: salfieri@cgajlaw.com

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:** _____ **Company:** _____
Mailing Address: _____
 Phone #: _____ Fax #: _____ Cell #: _____
 E-mail Address: _____

12. **Applicant's Planner:** _____ **Company:** _____
Mailing Address: _____
 Phone #: _____ Fax #: _____ Cell #: _____
 E-mail Address: _____

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

Existing use of property: Furniture store (showroom and storage for furniture)

Proposed use of property: additional use for community center (identified as Social Assistance Use in B-1 Zone)

Special Flood Hazard Area:

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 ***unable to respond-clerk's office will not fulfill records request to determine if resolution related to the property exists.

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 NOTICE OF APPEAL

10. If a Zoning denial or denial from the Historic Preservation Commission 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

Olga Hannout _____, being of full age, being duly sworn according to Law, on oath
(INSERT APPLICANT'S NAME)

deposes and says that all the above statements are true.



(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Olga Hannout, Trustee of Abbas Osman Family Trust
(PRINT NAME OF APPLICANT)

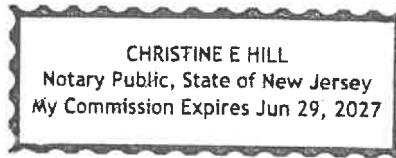
Sworn and subscribed before me this

24 day of September, 2025

[NOTARY SEAL]



(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 in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)

State of New Jersey, County of Monmouth, I/We, Abbas Osman Family Trust,
(INSERT PROPERTY OWNER'S NAME[S])

with mailing address of 216 Highway 35, Neptune, NJ 07753,
(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) 613 Lot(s) 8,

also known as 216 Highway 35, Neptune, NJ 07753.
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize Abbas Osman Family Trust (self)

(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).



(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

21 day of September, 2025



(SIGNATURE OF NOTARY PUBLIC)

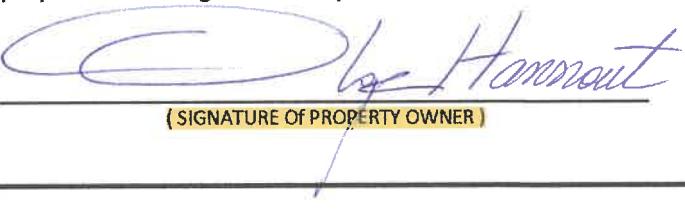
[NOTARY SEAL]

CHRISTINE E HILL
Notary Public, State of New Jersey
My Commission Expires Jun 29, 2027

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: Sep 24/25


(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR

Block: 613 Lot: 8

Property location: 216 Highway 35, Neptune, NJ 07753

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 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: Abbas Osman Family Trust

(PLEASE PRINT)

Property Address: 216 Highway 35, Neptune, NJ 07753

Block: 613 Lot: 8

Applicant: Abbas Osman Family Trust

(PRINT NAME)

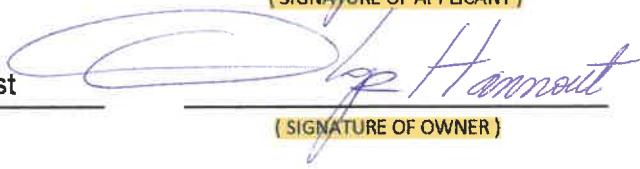


Date: 9/24/25

(SIGNATURE OF APPLICANT)

Owner: Abbas Osman Family Trust

(PRINT NAME)



Date: 9/24/25

(SIGNATURE OF OWNER)