

COMPLETENESS CHECKLIST for USE and/or BULK VARIANCES

§802B. Completeness Checklist for Use Variance and Bulk Variance Request. (Last revised by Ordinance No. 13-17.)

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

- C/ I N/A W*** [C = Complete I = Incomplete N/A = Not Applicable W = Waiver Requested*]
- 1. **Twenty-five (25) copies of completed and signed application form, which must include the following:**
 - Applicant's name, address, telephone number, facsimile number and e-mail address.
 - Property Owner's name, address, telephone number, facsimile number and e-mail address.
 - Applicant's interest in the property.
 - Name, address, telephone number, facsimile number and e-mail address of the Applicant's attorney (if represented), and any and all other professional representatives.
 - Street address of property under consideration.
 - Tax Block and Lot numbers of property.
 - Zoning District in which property is located.
 - Description of the property.
 - Description of the proposed development.
 - Type of application (i.e., Use Variance or Bulk Variance).
 - Identification of subject property's Special Flood Hazard Area Zone.
 - Executed copy of "Authorization & Consent Form" Part C.
 - Executed copy of "Certificate of Ownership" Part D, if applicable.
 - Executed copy of "Certificate of Corporation/Partnership", if applicable.
 - Verification of taxes paid (this will be further verified by the Administrative Officer).
 - Executed copy of "Escrow Agreement" Part E.
 - 2. **Twenty-five (25) copies of the property deed(s).**
 - 3. **Twenty-five (25) copies of the Zoning Permit denial.**
 - 4. **Required plans, folded, no larger than 30" x 42".**
PLEASE NOTE: Only folded plans will be accepted, and all submitted plans must be to scale.
 - a. **Twenty-five (25) copies of current signed & sealed survey, prepared by a New Jersey Licensed Professional Land Surveyor.**
 - b. **Five (5) copies of site plans/construction plans with initial submission and with each subsequent submission, for completeness review.**
 - c. **Once the application is deemed complete, twenty (20) additional full-sized paper site plans/construction plans, plus one (1) reduced-size paper copy of the plans (no larger than 11" x 17"), and one (1) CD containing the plans in .pdf format.**
 - 5. **Six (6) copies of Tree Removal Application package in accordance with §525 (if applicable).**
 - 6. **Community Impact Statement (for Use Variance only).**
 - 7. **Application Fee \$ 750- Escrow Deposit \$ 1500- in accordance with schedule.**
PLEASE NOTE: Application Fee and Escrow Deposit must be paid in separate checks.

*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: _____
- Bulk Variance (lot coverage): _____
- Use Variance (proposal not permitted in zone): _____
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 2201 W BAMES AVE
2. Block: 816 Lot: 8
3. Property is located in L1 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: SML 2211 LLC BY STEPHANIE E LaTorres - sole member
Mailing Address: 709 Highway 35, NEPTUNE CITY NJ 07753
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: [REDACTED]
5. Name of Owner: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
6. Interest of Applicant, if other than Owner: _____
7. Name of Contact Person: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
8. Applicant's Attorney: MARIL A. STEINBERG Company: _____
Mailing Address: 2300 Highway 66, #203, NEPTUNE NJ 07753
Phone #: 732 774 5667 Fax #: 732 774 9219 Cell #: [REDACTED]
E-mail Address: MSTEINBERG17@aol.com
9. Applicant's Engineer: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
10. Applicant's Architect: BRIAN BERZINSKIS Company: GRASSO DESIGN GROUP
Mailing Address: 231 Highway 71, MARMASQUAN NJ 0
Phone #: 732-528-5850 Fax #: 732 528 9067 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: SINGLE FAMILY
 Proposed use of property: SINGLE FAMILY
 Special Flood Hazard Area: NO

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE		2726 $\frac{4}{9}$	2726 $\frac{4}{9}$
LOT COVERAGE			
BUILDING COVERAGE			
BUILDING HEIGHT		15'	15'
FRONT SETBACK		19'	19'
REAR SETBACK		5.7'	
SIDE SETBACK		2.7 / 5.7	2.7 / 5.7
COMBINED SIDE SETBACK		8.2'	8.2'

(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.):

EXISTING HOME DAMAGED BY FIRE. ENGINEER INDICATES ABILITY TO RECONSTRUCT. LOT TOO SMALL FOR PERMITTED LT USES.

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 SML 2211 LLC in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)

State of New Jersey, County of Monmouth, I/We, SML 2211 by,
(INSERT PROPERTY OWNER'S NAME(S))

with mailing address of 709 Highway 35, Neptune City NJ 07753
(INSERT PROPERTY OWNER'S MAILING ADDRESS)

of full age being duly sworn according to oath depose(s) and say(s):

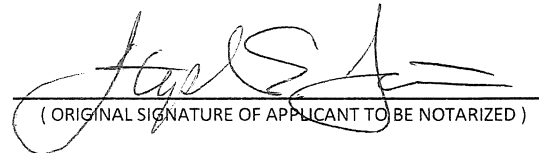
"I/We am/are the Owner(s) of the subject property in connection with this application

designated as Block(s) 816 Lot(s) 8,

also known as 2201 West Banks Ave.
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize SML 2211 LLC by
(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)

Stephanie LaTorras
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

3rd day of November, 2021



(SIGNATURE OF NOTARY PUBLIC)
Attorney at Law of N.J.

[NOTARY SEAL]

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: 11/3/21



(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 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: SML 2211 LLC by Stephanie E Latorras
(PLEASE PRINT) sole member
 Property Address: 2201 W Bangs Avenue
 Block: 816 Lot: 8

Applicant: Stephanie E Latorras [Signature] Date: _____
(PRINT NAME) sole member (SIGNATURE OF APPLICANT)

Owner: SAME [Signature] Date: _____
(PRINT NAME) (SIGNATURE OF OWNER)