

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 = Complete I = Incomplete N/A = Not Applicable W = Waiver Requested*]
- | | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| <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: |
| | | | | <input checked="" type="checkbox"/> | Applicant's name, address, telephone number, facsimile number and e-mail address. |
| | | | | <input checked="" type="checkbox"/> | Property Owner's name, address, telephone number, facsimile number and e-mail address. |
| | | | | <input type="checkbox"/> | Applicant's interest in the property. |
| | | | | <input type="checkbox"/> | Name, address, telephone number, facsimile number and e-mail address of the Applicant's attorney (if represented), and any and all other professional representatives. |
| | | | | <input checked="" type="checkbox"/> | Street address of property under consideration. |
| | | | | <input checked="" type="checkbox"/> | Tax Block and Lot numbers of property. |
| | | | | <input checked="" type="checkbox"/> | Zoning District in which property is located. |
| | | | | <input checked="" type="checkbox"/> | Description of the property. |
| | | | | <input checked="" type="checkbox"/> | Description of the proposed development. |
| | | | | <input type="checkbox"/> | Type of application (i.e., Use Variance or Bulk Variance). |
| | | | | <input type="checkbox"/> | Identification of subject property's Special Flood Hazard Area Zone. |
| | | | | <input type="checkbox"/> | Executed copy of "Authorization & Consent Form" Part C. |
| | | | | <input type="checkbox"/> | Executed copy of "Certificate of Ownership" Part D, if applicable. |
| | | | | <input type="checkbox"/> | Executed copy of "Certificate of Corporation/Partnership", if applicable. |
| | | | | <input checked="" type="checkbox"/> | Verification of taxes paid (this will be further verified by the Administrative Officer). |
| | | | | <input type="checkbox"/> | Executed copy of "Escrow Agreement" Part E. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | Twenty-five (25) copies of the property deed(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Twenty-five (25) copies of the Zoning Permit denial. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input 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. <i>clean survey 15 copies showing driveway etc.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. | Five (5) copies of site plans/construction plans with initial submission and with each subsequent submission, for completeness review. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <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 §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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. | Application Fee \$ <u>160</u> Escrow Deposit \$ <u>750</u> 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: Proposed construction of a second driveway entrance with an addition of a semi-circle driveway to connect to existing driveway
- Bulk Variance (lot coverage): 20.57%
- Use Variance (proposal not permitted in zone): Residential
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 333 Old Corlies Ave, Neptune NJ 07753
2. Block: 2912 Lot: 18
3. Property is located in R-2 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: Joseph Mastrella
Mailing Address: 333 Old Corlies Ave, Neptune NJ 07753
Phone #: [REDACTED] Fax #: _____ Cell #: [REDACTED]
E-mail Address: [REDACTED]
5. Name of Owner: Joseph & Antonia Mastrella
Mailing Address: 333 Old Corlies Ave, Neptune NJ 07753
Phone #: [REDACTED] Fax #: _____ Cell #: [REDACTED]
E-mail Address: [REDACTED]
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: _____ 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: _____ 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 Dwelling
Proposed use of property: Single Family Dwelling
Special Flood Hazard Area: _____

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE		136.6 x 280.01	
LOT COVERAGE		38,266.17 SQ Ft	
BUILDING COVERAGE		2716 SQ Ft	
BUILDING HEIGHT		1 story Frame	
FRONT SETBACK		49.7'	
REAR SETBACK		120'	
SIDE SETBACK		30' Right	
COMBINED SIDE SETBACK		199.7'	

(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.):

I AM requesting for the semi-circle driveway to be added to my property and is 1860 sq ft. This will add ease of access into the existing driveway creating a secondary entrance/exit to the property. The driveway will be 20' wide, allowing the vehicles to exit the driveway effortlessly without obstruction of traffic, since we are on a busy road. The purpose of this request shall be designed for the safety, control, efficient movement and convenience of motor vehicle traffic. This shall promote the flow of traffic to enter the main road with confidence and a clear view of oncoming traffic.

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

Joseph Mastrella
(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.

Joseph Mastrella
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

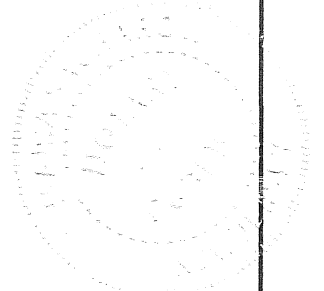
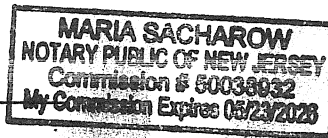
Joseph Mastrella
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

7th day of October, 2022

[NOTARY SEAL]

Maria
(SIGNATURE OF NOTARY PUBLIC)



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: 10/7/22

Joseph Mastrella
(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR

Block: 2912 Lot: 18

Property location: 333 Old Carlies Ave, 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: Joseph Mastrella
(PLEASE PRINT)

Property Address: 333 Old Corlies Ave Neptune NJ 07753

Block: 2912 Lot: 18

Applicant: _____
(PRINT NAME)

(SIGNATURE OF APPLICANT)

Date: _____

Owner: Joseph Mastrella
(PRINT NAME)

Joseph Mastrella
(SIGNATURE OF OWNER)

Date: 10/7/22