

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* | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 type="checkbox"/> Applicant's name, address, telephone number, facsimile number and e-mail address. |
| | | | | <input 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 type="checkbox"/> Street address of property under consideration. |
| | | | | <input type="checkbox"/> Tax Block and Lot numbers of property. |
| | | | | <input type="checkbox"/> Zoning District in which property is located. |
| | | | | <input type="checkbox"/> Description of the property. |
| | | | | <input 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 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 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. |
| <input checked="" 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 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Six (6) copies of Tree Removal Application package in accordance with §525 (if applicable). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 \$_____ Escrow Deposit \$_____ in accordance with schedule. |
| | | | | PLEASE NOTE: Application Fee and Escrow Deposit must be paid in separate checks. |

TO DEMOLISH THAT FRONT BUILDING AND CONSTRUCT A MODERN NEW SINGLE FAMILY DWEDDDD

*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): EXPANSION OF PRE-EXISTING, NON-CONFORMING USE.
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 1322 10TH AVENUE
2. Block: 402 Lot: 8 + 7
3. Property is located in R-4 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: JUAN CARLOS RIANO DUNIGA
Mailing Address: 58 STEINER AVENUE, NEPTUNE, NJ 07753
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: _____
5. Name of Owner: SAME
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: KEVIN I. ASADI Company: ZAGER FUCHS, PC
Mailing Address: 119 Avenue at the Common, Suite 4, Shrewsbury, NJ 07702
Phone #: 732-747-3700 Fax #: _____ Cell #: [REDACTED]
E-mail Address: _____
9. Applicant's Engineer: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
10. Applicant's Architect: CHRIS TEETER, RA Company: METAMECHANICS
Mailing Address: BELL WORKS, 101 CRAWFORDS CORNER ROAD, 4116 (COLAB), HOLMDEL, NJ 07733
Phone #: 212-939-6215 Fax #: _____ Cell #: _____
E-mail Address: CTEETER@METAMECHANICS.COM
11. Applicant's Surveyor: CHARLES O'MALLEY, PLS Company: _____
Mailing Address: 908 RIVERVIEW DRIVE, BRIELLE, NJ 08730
Phone #: 732-233-3141 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: TWO DWELLING STRUCTURES
 Proposed use of property: DEMOLISH FRONT MULTI-FAMILY STRUCTURE AND REPLACE WITH NEW SINGLE FAMILY STRUCTURE.
 Special Flood Hazard Area: N/A

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE	5000 SF	9707 SF	14266 SF
LOT COVERAGE			
BUILDING COVERAGE	50%	25.8%	22.4%
BUILDING HEIGHT	35'	+/- 31'	+/- 31'
FRONT SETBACK	20'	28' - 5"	25' - 2"
REAR SETBACK	30'	120' - 6"	114' - 4"
SIDE SETBACK	5'		
COMBINED SIDE SETBACK	15'		

(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: DISMISSED WITHOUT PREJUDICE.

9. Justification/reason(s) for variance(s) requested. (Be as specific as possible; attach additional sheets if necessary.):

THE APPLICANT WAS ABLE TO ACQUIRE SOME ADJACENT LAND TO ENLARGE THE PROPERTY WHICH IS ALREADY OVERSIZED.
THE BUILDING TO BE DEMOLISHED HAD BEEN A THREE-FAMILY STRUCTURE. BUILDING IS IN POOR CONDITION. APPLICATION IS
TO DEMOLISH THAT FRONT BUILDING AND CONSTRUCT A MODERN NEW SINGLE FAMILY DWELLING CONSISTENT WITH THE WISHES
OF CERTAIN BOARD MEMBERS DURING THE HEARING ON THE PREVIOUS APPLICATION. LOT IS NOW ENLARGED AND CAN
ACCOMMODATE ISSUES RELATED TO THIS PROPOSAL.

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).

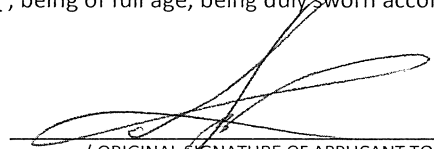
*See §802B - Completeness Checklist for Use Variance and Bulk Variance Request for details on submission requirements.

AFFIDAVIT OF APPLICATION

State of New Jersey
County of Monmouth

JUAN CARLOS RIANO DUNIGA, 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.



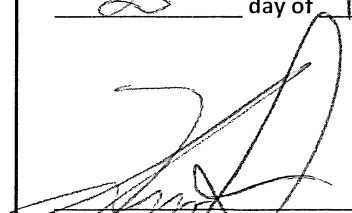
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

JUAN CARLOS RIANO DUNIGA
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

23 day of May, 2023

[NOTARY SEAL]



(SIGNATURE OF NOTARY PUBLIC)
KEVIN I. ASADI
ATTORNEY AT LAW STATE OF NJ

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 _____ N/A _____ in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)
State of New Jersey, County of Monmouth, I/We, _____ ,
(INSERT PROPERTY OWNER'S NAME[S])
with mailing address of _____ ,
(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) _____ Lot(s) _____ ,

also known as _____ .
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize _____
(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

_____ day of _____ , 20_____

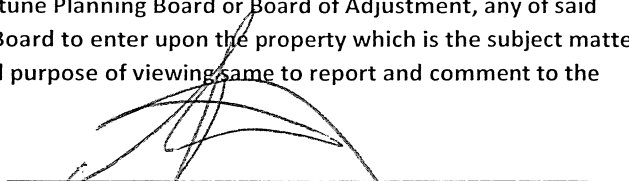
[NOTARY SEAL]

(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: 5/23/23



(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR

Block: 402 Lot: 8

Property location: 1322 10TH AVENUE

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: JUAN CARLOS RIANO DUNIGA
(PLEASE PRINT)

Property Address: 1322 10TH AVENUE

Block: 402 Lot: 8

Applicant: JUAN CARLOS RIANO DUNIGA
(PRINT NAME)


(SIGNATURE OF APPLICANT)

Date: 5/23/23

Owner: _____
(PRINT NAME)

(SIGNATURE OF OWNER)

Date: _____