

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*]
- | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|
| <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 checked="" type="checkbox"/> Applicant's interest in the property. |
| | | | | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Application Fee \$ <u>100</u> Escrow Deposit \$ <u>250</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: Side Yard Setback
- Bulk Variance (lot coverage): _____
- Use Variance (proposal not permitted in zone): _____
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 310 Woodmere Ave Shark River Hills 07753
2. Block: _____ Lot: _____
3. Property is located in _____ Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: William J. Weeks
Mailing Address: 310 Woodmere Avenue Shark River Hills 07753
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
5. Name of Owner: William Weeks Katrina Weeks
Mailing Address: 310 Woodmere Ave
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
6. Interest of Applicant, if other than Owner: N/A
7. Name of Contact Person: N/A
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
8. Applicant's Attorney: N/A Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
9. Applicant's Engineer: Deck Guardian Company: Deck Guardian
Mailing Address: 376 458 Elizabeth Ave, Somerset NJ 08873
Phone #: 908 332 8616 Fax #: _____ Cell #: _____
E-mail Address: _____
10. Applicant's Architect: Jonathan Wallace Company: AVLV Development LLC
Mailing Address: 1500 Chestnut St. Suite 2 #1833 Philadelphia, PA 19102
Phone #: 908 332 8616 Fax #: _____ Cell #: _____
E-mail Address: _____
11. Applicant's Surveyor: _____ Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
12. Applicant's Planner: N/A 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: _____

Special Flood Hazard Area: _____

PRINCIPAL USE: Deck

| | REQUIRED and/or PERMITTED | EXISTING | PROPOSED |
|-----------------------|---------------------------|----------|-------------|
| LOT SIZE | | | |
| LOT COVERAGE | | | |
| BUILDING COVERAGE | | | |
| BUILDING HEIGHT | | | |
| FRONT SETBACK | | | |
| REAR SETBACK | | | |
| SIDE SETBACK | <u>10 ft</u> | | <u>7 ft</u> |
| COMBINED SIDE SETBACK | | | |

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

ACCESSORY (if applicable): N/A

| | 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.):

Deck expansion. Existing home has side setback of 6'2".
Proposed deck expansion to accommodate existing home will
have setback of 7'9". Requesting 7' setback.

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

William J. Weeks

(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.

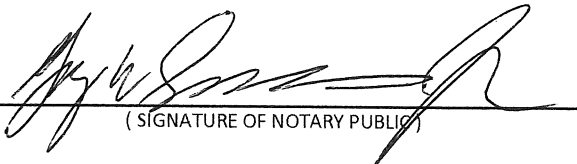

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

William J. Weeks
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

23 day of October, 2023

[NOTARY SEAL]


(SIGNATURE OF NOTARY PUBLIC)

GEORGE W SIMMONS JR.
Notary Public, State of New Jersey
My Commission Expires Aug 8, 2028

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: 10/23/23



(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR ^{N/A}

Block: 5203 Lot: 5

Property location: 310 Woodmere 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: William J. Weeks
(PLEASE PRINT)
Property Address: 310 Woodmere Avenue Neptune City 07753
Block: 5203 Lot: 5

Applicant: William J. Weeks
(PRINT NAME)


(SIGNATURE OF APPLICANT)

Date: 10/19/23

Owner: William J. Weeks
(PRINT NAME)


(SIGNATURE OF OWNER)

Date: 10/19/23