

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 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: |
| | | | | 5 copies for completeness review |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Applicant's name, address, telephone number, facsimile number and e-mail address. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Property Owner's name, address, telephone number, facsimile number and e-mail address. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Applicant's interest in the property. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Street address of property under consideration. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Tax Block and Lot numbers of property. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Zoning District in which property is located. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Description of the property. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Description of the proposed development. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Type of application (i.e., Use Variance or Bulk Variance). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Identification of subject property's Special Flood Hazard Area Zone. n/a |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Executed copy of "Authorization & Consent Form" Part C. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Executed copy of "Certificate of Ownership" Part D, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable. n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Verification of taxes paid (this will be further verified by the Administrative Officer). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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). |
| | | | | 5 copies for completeness review |
| <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. |
| | | | | 5 copies for completeness review |
| <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 type="checkbox"/> | <input type="checkbox"/> | 5. Six (6) copies of Tree Removal Application package in accordance with §525 (if applicable). n/a |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Community Impact Statement (for Use Variance only). to be provided |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Application Fee \$850.00 Escrow Deposit \$2,250.00 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: front and sideyard setback variances to demolish and reconstruct nonconforming existing front porch
- Bulk Variance** (lot coverage): _____
- Use Variance** (proposal not permitted in zone): remodel existing nonconforming SFD in the C-7 Zone
- Appeal/Interpretation of Decision:** _____
- Other - Specify:** _____

1. **Property Address:** 1230 Corlies Avenue, Neptune, NJ 07753
2. **Block:** 516 **Lot:** 9
3. **Property is located in** C-7 **Zoning District**, according to Neptune Township Land Development Ordinance.
4. **Name of Applicant:** R & M Enterprises, LLC c/o Michael Lacey, Managing Member
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
5. **Name of Owner:** Same as Above
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
6. **Interest of Applicant, if other than Owner:** _____
7. **Name of Contact Person:** Michael Lacey
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
8. **Applicant's Attorney:** Ronald J. Troppoli, Esq. **Company:** Troppoli Law Firm
Mailing Address: 118 Highway 35, Neptune, NJ 07753
Phone #: 732-774-1177 **Fax #:** 732-775-7844 **Cell #:** _____
E-mail Address: Troppolilaw@gmail.com
9. **Applicant's Engineer:** N/A **Company:** _____
Mailing Address: _____
Phone #: _____ **Fax #:** _____ **Cell #:** _____
E-mail Address: _____
10. **Applicant's Architect:** Marissa Iamello **Company:** Iamello Architectural Studio
Mailing Address: 22 The Fellsway, Ocean NJ 07712
Phone #: 732-233-7708 **Fax #:** _____ **Cell #:** _____
E-mail Address: marissa.iamello@gmail.com
11. **Applicant's Surveyor:** David Von Steenberg **Company:** Morgan Engineering LLC
Mailing Address: PO Box 5232, Toms River, NJ 08754
Phone #: 732-270-9690 **Fax #:** 732-270-9691 **Cell #:** _____
E-mail Address: _____
12. **Applicant's Planner:** Allison Coffin, PP, AICP **Company:** James Higgins Associates
Mailing Address: 14 Tilton Drive, Ocean, NJ 07712
Phone #: 732-598-4799 **Fax #:** _____ **Cell #:** _____
E-mail Address: alli.coffin@gmail.com

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

Existing use of property: Nonconforming single family dwelling
 Proposed use of property: Nonconforming single family dwelling
 Special Flood Hazard Area: n/a

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE	15,000 sf	10,839 sf	10,839 sf
LOT COVERAGE	80%	26.2%	25%
BUILDING COVERAGE	35%	8.1%	7%
BUILDING HEIGHT	48 ft	+/- 27 ft	+/- 27 ft
FRONT SETBACK	15 ft	20.99 ft	20.99 ft
REAR SETBACK	20 ft	154.42 ft	154.42 ft
SIDE SETBACK	10 ft	2.33 ft	2.33 ft
COMBINED SIDE SETBACK	25 ft	33.68 ft	33.68 ft

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

ACCESSORY (if applicable): n/a (existing shed to be removed)

	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.):

Applicant proposes to demolish and reconstruct the existing front porch in the existing location; replace decking, substructure and columns; replace foundation under rear of dwelling (previously enclosed porch); gut renovation of all interior spaces; install new windows, doors, siding and trim as required; construct new side entry platform. These renovations will serve to modernize the dwelling and bring it up to current code standards. As the structure is a non-conforming dwelling within the C-7 Zone, a use variance is required for any renovations proposed for the structure.

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).

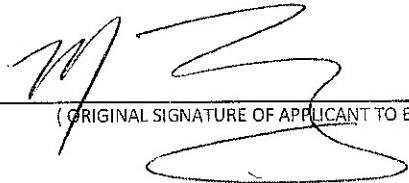
*See §802B - Completeness Checklist for Use Variance and Bulk Variance Request for details on submission requirements.

AFFIDAVIT OF APPLICATION

State of New Jersey
County of Monmouth

Michael Lacey, Managing Member, R+M Enterprises, LLC, 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)

Michael Lacey
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

23 day of February, 2024

[NOTARY SEAL]

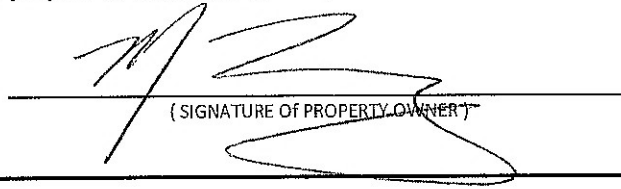


(SIGNATURE OF NOTARY PUBLIC)

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: 2/23/2024


(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.

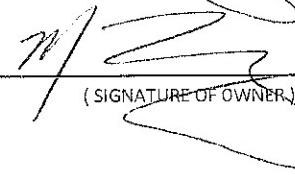
By signature below, I/We acknowledge receipt of Neptune Township's \$1000 - Application and Escrow Fees, and agree to all conditions listed.

Name of Applicant: Michael Lacey, Managing Member, Rand M Enterprises LLC
(PLEASE PRINT)

Property Address: 1230 Corlies Avenue; Neptune, NJ 07753

Block: 516 Lot: 9

Applicant: Michael Lacey (Rand M Enterprises LLC)  Date: 2/23/24
(PRINT NAME) (SIGNATURE OF APPLICANT)

Owner: Michael Lacey (R&M Enterprises, LLC)  Date: 2/23/24
(PRINT NAME) (SIGNATURE OF OWNER)