

COMPLETENESS CHECKLIST FOR USE AND/OR BULK VARIANCES (Revised 5/13/13)

Section §802B. Completeness Checklist for Use Variance and Bulk Variance Request.

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

<u>C</u>	<u>N</u>	<u>N/A*</u>	<u>W*</u>	<u>ONLY FOLDED PLANS WILL BE ACCEPTED</u>
<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: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Applicant's name, address, telephone number, facsimile number, and e-mail address (if applicable). <input checked="" type="checkbox"/> Property Owner's name, address, telephone number, facsimile number, and e-mail address (if applicable). <input checked="" type="checkbox"/> Applicant's interest in the property. <input checked="" type="checkbox"/> Name, address, telephone number, facsimile number, and e-mail address (if applicable) of the Applicant's attorney (if represented) as well as any and all other professional representative(s). <input checked="" type="checkbox"/> Street address of the property <input checked="" type="checkbox"/> Tax lot and block numbers of the property <input checked="" type="checkbox"/> Zoning District in which the 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 <input checked="" type="checkbox"/> Provide identification of subject property/properties' Special Flood Hazard Area Zone <input checked="" 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 checked="" type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable <input checked="" type="checkbox"/> Applicant/Owner to provide 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 [not required for subdivisions]
				4. Required Plans folded, no larger than 30"x42":
<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 with initial submission and each subsequent submission for completeness review.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Once the application is deemed complete, twenty (20) additional full-sized paper sets of the plans plus one (1) reduced-size paper set of the plans no larger than 11"x17", and one (1) CD containing the plans in .pdf format must be submitted to the Board Office for distribution.
<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 Section §525 (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>1,700</u> Escrow Deposit \$ <u>1,000</u>

In accordance with fee schedule.

C = Complete N = Incomplete N/A = Not Applicable

* 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: Lot Area, Lot Density, Lot Width, Lot Frontage, Rear Yard
Setback, MIA diameter of circle
- Bulk Variance (lot coverage): _____
- Use Variance (proposal not permitted in zone): Nonconforming Two Family Residence
- Appeal/Interpretation of Decision: _____
- Other - Specify: _____

1. Property Address: 98 Lawrence Avenue, Ocean Grove, NJ 07756
2. Block: 201 Lot: 4
3. Property is located in HD-B-1 Zoning District, according to Neptune Township Land Development Ordinance.
4. Name of Applicant: Elizabeth Tice
Mailing Address: 98 Lawrence Avenue, Ocean Grove, NJ 07756
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: [REDACTED]
5. Name of Owner: SRT2 Realty, LLC
Mailing Address: 144 Managua Road Freehold, NJ 07728-0772
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: [REDACTED]
6. Interest of Applicant, if other than Owner: _____
7. Name of Contact Person: Elizabeth Tice
Mailing Address: 98 Lawrence Avenue, Ocean Grove, NJ 07756
Phone #: [REDACTED] Fax #: _____ Cell #: _____
E-mail Address: [REDACTED]
8. Applicant's Attorney: Jeffrey Beekman Company: Beekman Law
Mailing Address: 47 Main Avenue(PO Box 395) Ocean Grove, NJ 07756
Phone #: 732-774-8262 Fax #: 732-774-6989 Cell #: _____
E-mail Address: info@beekmanlaw.com
9. Applicant's Engineer: Brad Thompson, P.E. Company: Najarian Associates
Mailing Address: 1 Industrial Way W, Eatontown, NJ 07724
Phone #: 732-389-0220 Fax #: _____ Cell #: _____
E-mail Address: bradt@najarian.com
10. Applicant's Architect: Mark Toconita Company: _____
Mailing Address: _____
Phone #: 609-548-2293 Fax #: _____ Cell #: _____
E-mail Address: mftoco@hotmail.com
11. Applicant's Surveyor: Thomas Mendola, P.E. / P.L.S. Company: Najarian Associates
Mailing Address: 1 Industrial Way W, Eatontown, NJ 07724
Phone #: 732-389-0220 Fax #: _____ Cell #: _____
E-mail Address: thomasm@najarian.com
12. Applicant's Planner: Christine A. Nazzaro-Cofone Company: Cofone Consulting Group, LLC
Mailing Address: 125 Half Mile Road-Suite 200, Red Bank, NJ 07701
Phone #: 732-933-2715 Fax #: _____ Cell #: [REDACTED]
E-mail Address: ccofone@cofoneconsulting.com

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

Existing use of property: Nonconforming Two Family Residence
 Proposed use of property: Nonconforming Two Family Residence
 Special Flood Hazard Area: Zone X

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE	3,600 SF	2,400 SF(E)	2,400 SF(E)
LOT COVERAGE	95%	63.0%	68.1%
BUILDING COVERAGE	90%	53.4%	57.4%
BUILDING HEIGHT	35 FT	27.55 FT	27.55 FT
FRONT SETBACK	0 FT	7.4 FT	7.4 FT
REAR SETBACK	3.1 FT	1.4 FT(E)	1.4 FT(E)
SIDE SETBACK	0 FT	1.4 FT	1.4 FT
COMBINED SIDE SETBACK	0 FT	4.4 FT	4.4 FT

(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.):

The variances requested are all existing non-conformities on the subject property. The proposed improvements for the subject property do not exacerbate any of the variances that currently exist. The lot does suffer from a hardship for being undersized for the zone. Four of the five C Variances are created due to the lot size hardship. While there are two structures on site, which create the D variances related to the lot density and non-conforming two family use, the combined area of the two structures does not exceed the maximum for the zone.

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

Elizabeth Tice
(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.

E. Tice
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Elizabeth Tice
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

16 day of May, 2024

Christina Lombardo
(SIGNATURE OF NOTARY PUBLIC)



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 Board of Adjustment in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)
State of New Jersey, County of Monmouth, I/We, SRT2 Realty, LLC c/o Elizabeth Tice,
(INSERT PROPERTY OWNER'S NAME(S))
with mailing address of 144 Managua Road Freehold, NJ 07728-0772,
(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) 201 Lot(s) 4,
also known as 98 Lawrence Ave, Neptune, NJ.
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize Jeff Beekman and our other project professionals
(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).

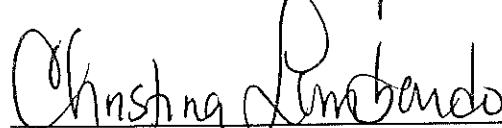


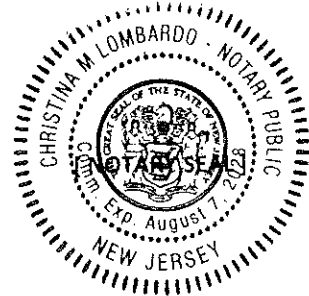
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

16 day of MAY, 2024



(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: 5/16/24



(SIGNATURE OF PROPERTY OWNER)

STATEMENT FROM TAX COLLECTOR

Block: 201 Lot: 4

Property location: 98 Lawrence Ave, Neptune, NJ

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: Elizabeth Tice _____
(PLEASE PRINT)

Property Address: 98 Lawrence Avenue, Ocean Grove NJ 07756 _____

Block: 201 Lot: 4

Applicant: Elizabeth Tice _____
(PRINT NAME)



(SIGNATURE OF APPLICANT)

Date: 5/16/24

Owner: SRT2 Realty, LLC c/o Elizabeth Tice _____
(PRINT NAME)

(SIGNATURE OF OWNER)

Date: _____

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Name of Applicant: Elizabeth Tice (PLEASE PRINT)

Property Address: 98 Lawrence Avenue, Neptune NJ

Block: 201 Lot: 4

Applicant: Elizabeth Tice
(PRINT NAME)


(SIGNATURE OF APPLICANT)

Date: 06-06-2024

Owner: SRT2 Realty, LLC c/o Elizabeth Tice
(PRINT NAME)


(SIGNATURE OF OWNER)

Date: 06-06-2024