

Tax Board ▶

Mod IV

New SearchAssessment PostcardProperty Card

Block: 211
Lot: 10
Qual:

Prop Loc: 9 HECK AVE
District: 1335 NEPTUNE TOWNSHIP
Class: 2

Owner: ANTES, RUTH M
Street: PO BOX 128
City State: OCEAN GROVE, NJ 07756

Square Ft: 1530
Year Built: 1889
Style: 5

Prior Block: 11
Prior Lot: 592
Prior Qual:
Updated: 10/05/23
Zone: HD-O

Acct Num: 00002030
Mtg Acct:
Bank Code: 0
Tax Codes: F02
Map Page:

Additional Information
Addl Lots:
Land Desc: 30X42
Bldg Desc: 2SF1G
Class4Cd: 0
Acreage: 0

EPL Code: 0 0 0
Statute:
Initial: 000000 Further: 000000
Desc:
Taxes: 19914.62 / 0.00

Sale Date: 00/00/00
Book:
Page:

Price: 0 NU#: 0

Sale Information

Sr1a
Date
Book
Page
Price
NJ#
Ratio
Grantee

TAX-LIST-HISTORY

Year

Property Location

Land/Imp/Tot

Exemption

Assessed

Property Class

2025

9 HECK AVE

944300
493100
1437400

0

1437400

2

2024

9 HECK AVE

671600
486900
1158500

0

1158500

2

2023

9 HECK AVE

671600
297700
969300

0

969300

2

2022

9 HECK AVE

638500
287600

0

926100

2

Terms of Use

Rel 2024-1

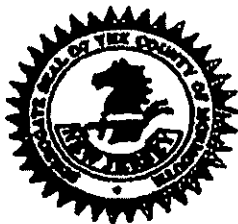
State of New Jersey
Monmouth County Surrogate's Court

In the Matter of the Estate of
Mable R. Antes, Deceased
(aka: Ruth M. Antes)

**ADMINISTRATION WITH
WILL ANNEXED
SHORT CERTIFICATE**
Docket No.219134

I, **Rosemarie D. Peters**, Surrogate of the County of **MONMOUTH**, do certify that Letters of Administration With Will Annexed of the decedent, late of **MONMOUTH** County were granted by the **MONMOUTH** County Surrogate's Court on November 17th, 2009 to **Susan E. Antes** who is(are) duly authorized to administer the same agreeably to law; and I further certify that said letters as appears from the records of this Court have never been revoked and still remain in full force and effect.

WITNESS my hand and seal of office, this
17th of November, 2009



Rosemarie D. Peters

Rosemarie D. Peters, Surrogate

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 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 <u>Bulk Variance</u>).
			<input checked="" type="checkbox"/>	Identification of subject property's 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 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 checked="" type="checkbox"/>	Executed copy of "Escrow Agreement" Part E.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Required plans, folded, no larger than 30" x 42".
				<u>PLEASE NOTE:</u> 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 checked="" 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>100.00</u> Escrow Deposit \$ <u>750.00</u> in accordance with schedule.
				<u>PLEASE NOTE:</u> 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: Expansion of a non-conforming 7.5 ft. wide driveway in the Flared Open Space Area to 9.0 ft. in width w/o zoning approval; 2) Installation of a 8ft wide easternmost walkway adjacent to front main walkway**
- ☒ Bulk Variance (lot coverage): 1600 sf permitted, 1676.88 sf exists & is proposed.
- ☐ Use Variance (proposal not permitted in zone): Not Applicable
- ☐ Appeal/Interpretation of Decision: Not Applicable
- ☒ Other - Specify: Reconstruction of the front entryway platform within the Flared Open Space Area without zoning approval
1. Property Address: 9 Heck Avenue, Ocean Grove
 2. Block: 211 Lot: 10
 3. Property is located in HD-O Zoning District, according to Neptune Township Land Development Ordinance.
 4. Name of Applicant: Estate of Mabel Ruth Antes by Susan Antes, Administrator
Mailing Address: 9 Heck Avenue, Ocean Grove, NJ 07753
Phone #: 859-699-1959 Fax #: _____ Cell #: _____
E-mail Address: ruthantes@gmail.com
 5. Name of Owner: Same as Applicant
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
 6. Interest of Applicant, if other than Owner: Same
 7. Name of Contact Person: Jeffrey A. Donner, Esq.
Mailing Address: Donner Law, 708 Highway 35 South, Neptune, NJ 07753
Phone #: 732-578-8530 Fax #: 732-928-0482 Cell #: 732-580-7691
E-mail Address: jdonner@donnerassociates.com
 8. Applicant's Attorney: Jeffrey A. Donner, Esq. Company: Donner Law
Mailing Address: See Above
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
 9. Applicant's Engineer: Not Applicable Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
 10. Applicant's Architect: Not Applicable Company: _____
Mailing Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
E-mail Address: _____
 11. Applicant's Surveyor: Rodolfo Pierri, PLS Company: Landmark Surveying & Eng.
Mailing Address: 813 Main Street, Avon-by-the-Sea, NJ 07717
Phone #: 732-775-8558 Fax #: 732-775-7848 Cell #: _____
E-mail Address: LandmarkSE@Optimum.net
 12. Applicant's Planner: Andrew Janiw / Barbara Ehlen Company: Beacon Planning & Consulting
Mailing Address: Suite 129, 315 Highway 34, Colts Neck, NJ 07720
Phone #: 732-845-8103 Fax #: 732-845-8104 Cell #: 732-241-9252
E-mail Address: Ajaniw@beaconplanning.net 516-961-9726

Supplement to Variance Application
Applicant: Susan Antes, Administratrix
Estate of Mabel Ruth Antes, Owner -
Applicant
Property: 9 Heck Avenue, Ocean Grove

Continuation of Variances Required:

(2) (cont'd) in the Flared Open Space Area without Zoning Approval; (3) Expansion of the westernmost walkway adjacent to the front main walkway to 3.0 feet without Zoning Approval; (4) Maximum Lot Coverage 1,620 sf where 1,676.88 sf are existing and proposed ✓

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

Existing use of property: Detached Single Family Residence

Proposed use of property: Detached Single Family Residence

Special Flood Hazard Area: No

PRINCIPAL USE:

	REQUIRED and/or PERMITTED	EXISTING	PROPOSED
LOT SIZE	1,298.24 sf		
LOT COVERAGE	90% (1,620 sf)	1,676.88 sf	1,676.88 sf
BUILDING COVERAGE	85% (1,530 sf)	903.76 sf	903.76 sf
BUILDING HEIGHT	35 ft.	35 ft.	35 ft.
FRONT SETBACK	**	**	**
REAR SETBACK	0	1.01.7 ft	1.01.7 ft.
SIDE SETBACK	2 ft.	2.28 ft. + 2.06 ft.	2.28 ft. + 2.06 ft.
COMBINED SIDE SETBACK	4 ft	4.34 ft	4.34 ft

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

ACCESSORY (if applicable): Not 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): Application for Same Relief Submitted on or about 12/14/20

Result of decision: Application withdrawn/dismissed

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

Hardship arising from existing nature, configuration of property and existing improvements thereon; Applicant relied upon previous contractors to obtain necessary permits/approvals.

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

Estate of Mabel Ruth Antes
by Susan Antes, Administratrix
(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)

Estate of Mabel Ruth Antes by
Susan Antes, Administratrix
(PRINT NAME OF APPLICANT)

Sworn and subscribed before me this

29th day of December, 2024

[NOTARY SEAL]


Jeffrey A. Donner
Attorney-at-Law, State of New Jersey

(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 Zoning Board of Adjustment in the Township of Neptune,
(INSERT PLANNING BOARD or BOARD OF ADJUSTMENT)

State of New Jersey, County of Monmouth, I/We, Susan Antes, Administratrix, Estate
of Mabel Ruth Antes (INSERT PROPERTY OWNER'S NAME(S))
with mailing address of 9 Heck Avenue, Ocean Grove, NJ 07753,
(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) 211 Lot(s) 10,

also known as 9 Heck Avenue, Ocean Grove, NJ 07753.
(INSERT PHYSICAL ADDRESS OF SUBJECT PROPERTY)

I/We authorize Jeffrey A. Donner, Esq on behalf of Susan Antes Administratrix
(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).

Estate of Mabel Ruth Antes

By: [Signature]
(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)
Susan Antes, Administratrix

(ORIGINAL SIGNATURE OF APPLICANT TO BE NOTARIZED)

Sworn and subscribed before me this

29th day of December, 2024

[Signature]
Jeffrey A. Donner
Attorney-at-Law, State of New Jersey
(SIGNATURE OF NOTARY PUBLIC)

[NOTARY SEAL]

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: December 29, 2024

Estate of Mebel Ruth Anter
By: [Signature]
(SIGNATURE OF PROPERTY OWNER)
Susan Anter, Administrative

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: Estate of Mabel Ruth Antes by Susan Antes, Administratrix
(PLEASE PRINT)

Property Address: 9 Heck Avenue, Ocean Grove, NJ 07753

Block: 211 Lot: 10

Applicant: Estate of Mabel Ruth Antes by Susan Antes, Administratrix [Signature]
(PRINT NAME) (SIGNATURE OF APPLICANT)

Date: 12-28-24

Owner: Same as Applicant
(PRINT NAME) (SIGNATURE OF OWNER)

Date: _____