

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 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 type="checkbox"/> Executed copy of "Certificate of Corporation/Partnership", if applicable <input 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	6. Community Impact Statement (for Use Variance only)
<input 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 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 _____
construction of a main level 24 ft x 20 ft PT/Composite deck together with a lower level
PT/Composite 16 ft x 18 ft deck in the rear yard on slopes that the Township Ordinance
defines as critical slopes.
- Bulk Variance [Lot Coverage] N/A
- Use Variance [proposal not permitted in zone] N/A
- Appeal/Interpretation of Decision N/A
- Other, Specify _____

1. Property Address: 522 South Riverside Drive, Neptune Township, NJ 07753
2. Block 5213 Lot 1
3. Property is located in R-3 Zoning District according to the Neptune Twp. Land Ordinance.
4. Name of applicant: Hank Ashforth
Mailing address: 522 South Riverside Drive, Neptune Township, NJ 07753
Phone # [REDACTED] Fax # n/a Cell # _____
E-mail address: [REDACTED]
5. Name of owner: Hank and Gina Ashforth
Mailing address: 522 South Riverside Drive, Neptune Township, NJ 07753
Phone # [REDACTED] Fax # n/a Cell # _____
E-mail address: _____
6. Name of contact person: Ronald J. Troppoli, Esq.
Mailing address: 118 Highway 35, Neptune, NJ 07753
Phone # 732-774-1177 Fax # 732-775-7844 Cell # 848-702-4946
E-mail address: Troppolilaw@gmail.com
7. Interest of applicant, if other than owner: _____

Detailed Information:

- Existing use of property: Detached Single Family Residence
- Proposed use of property: Detached Single Family Residence
- Special Flood Hazard Area: n/a

Principal Use:

	Required and/or Permitted	Existing	Proposed
Lot Size	7,500 sf	13,024 sf	13,024 sf
Lot Coverage	45%	31.37% (4,086 sf)	31.37% (4,086 sf)
Building Coverage	30%	14.22% (1,852 sf)	14.22% (1,852 sf)
Building Height	35 ft	34.9 ft	34.9 ft
Front Setback	20 ft	22 ft	22 ft
Rear Setback	30 ft	48.8 ft	48.8 ft
Side Setback	10 ft	17 ft	17 ft
Combined Side Setback	20 ft	54.3 ft	54.3 ft

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

Accessory: (If Applicable) n/a

	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)

8. Has there been any previous applications involving these premises Yes No

If so when September 2, 2020 and October 7, 2020

Result of decision Approval to construct new single-family dwelling GRANTED

Escrow Agreement

I/we fully understand an "Escrow Account" will be established to cover the costs of the professional services which will include engineering, legal, planning, architectural, and any other expenses incurred in connection with the review of this application before the Land Use Board.

The amount of the Escrow Deposit will be determined by the Neptune Township Land Development Ordinance, section 1000 Application and Escrow Fee, 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; applicant will be notified of any anticipated charges and the amount of the deposit required.

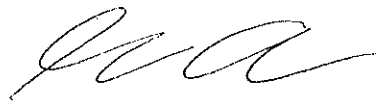
Payments shall be due within fifteen [15] days of receipt of the request for additional Escrow Funds. If payment is not received within that time, applicant will be considered to be in default, and such default may jeopardize appearance before the Board of hold up any and all pending approvals and building permits. Continued refusal will result in legal action against the property.

Also 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 Section 1000, Application and Escrow Fees and agree to all conditions listed.

Name of Applicant: Hank Ashforth
[please print]

Property Address: 522 South Riverside Drive, Neptune NJ Block 5213 Lot 1

Applicant's Name: Hank Ashforth 
[Print Name] [Signature of Applicant]

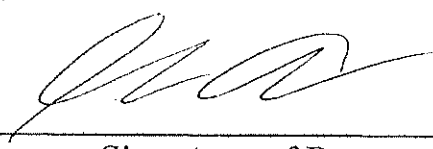
Owner's Name: Hank Ashforth 
[Print Name] [Signature of Owner]

Date: 6/9/24

SITE VISIT AUTHORIZATION OF PROPERTY OWNER

I hereby authorize any member of the Township of Neptune Planning Board/Zoning Board of Adjustment, any of said of Board's professionals or reviewing agencies of the Board to enter upon the property which is the subject matter of this application, during daylight hours, for limited purpose of viewing same to report and comment to the Board as to the pending application.

Date: 6/4/24



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

9. Justification/Reason(s) for variance(s) requested [be as specific as possible attach additional sheets as necessary]

The Applicant seeks to construct an addition to the existing deck in critical slope areas which requires bulk variance approval. The Board has previously granted approvals for the construction of a new single family dwelling and has approved construction in steep slope areas per Resolution ZBA#20-16. The 10 ft x 20 ft existing deck is relatively small and the addition will provide more space for the family to enjoy outdoor activities.

10. If a Zoning denial has been received as part of this application, please attach.

See attached.

The required submission for all applications to be complete is twenty-five (25) copies of completed application form inclusive of any supporting information; and 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 Section 802B, Completeness Checklist for Use Variance and Bulk Variance Request for details on submission requirements.

AFFIDAVIT OF APPLICATION

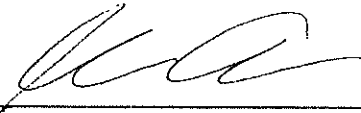
State of New Jersey
County of Monmouth

Hank Ashforth

being of full age, being duly sworn according to

(Insert Applicant's Name)

Law, on oath depose and says that all the above statements are true.



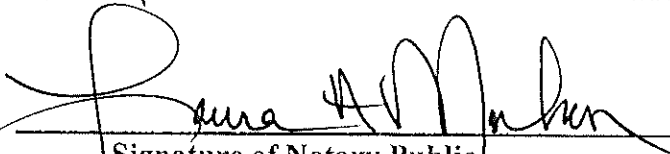
(Original Signature of Applicant to be Notarized)

Hank Ashforth

(Print Name of Applicant)

Sworn and subscribed before me this

4th day of June, 2024



Signature of Notary Public
LAURA A. MAHAN



[NOTARY SEAL]
NOTARY PUBLIC
State of New Jersey
ID # 41729
My Commission Expires
August 07, 2027