APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 91 Atlantic Street, Keyport, New Jersey 07735

Tax Map:_____ Block: 97 Lot(s) 7

Dimensions: Frontage 155.23 Depth 114.00 Total Area 16,602

Zone District:

Location of the property is approximately Corner Lot feet from the intersection of Atlantic Street and Warren Street.

The property is located within 200 feet of another municipality: X NO _____ YES

If yes, name of municipality n/a

The property fronts on a County Road or State Highway: X NO _____ YES

COUNTY ROUTE NUMBER _____ STATE HIGHWAY NUMBER _____

2. APPLICANT INFORMATION

Full Legal Name: Thomas Caliendo, Jr and Kerin Caliendo

Address: 91 Atlantic Street, Keyport, New Jersey 07735

(Street) (City) (State) (Zip)

Telephone Numbers: Day 732-887-7415 Evening _____

Email: tommyc325@gmail.com

Applicant is a _____ Corporation _____ Partnership ____ Sole Proprietor X Resident

3. OWNER IF DIFFERENT FROM APPLICANT:

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name: _____

Address: _____

(Street) (City) (State) (Zip)

Telephone Numbers: Day _____ Evening _____

Email: _____

## 4. ADDITIONAL PROPERTY INFORMATION

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

___YES (attach copies and/or copy of deed) ___PROPOSED (attach description) _X_NONE

NOTE: All Deeds Restrictions, covenants, easements, association by-laws, either existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be approved.

Present use of the premises and proposed use (describe in detail): _____

_____

_____

_____

## 5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: Louis E. Granata, Esq.
(Name and Firm if Applicable)

Address: 159 Main Street, P.O. Box 389, Matawan, NJ 07747
(Street) (City) (State) (Zip)

Telephone: 732-583-3636 Fax 732-583-8940

Applicant Engineer: Richard K. Heuser
(Name and Firm if Applicable)

Address: 307 Main Street, Matawan, NJ 07747
(Street) (City) (State) (Zip)

Telephone: 732-566-0850 Fax _____

Applicant Planning Consultant: _____
(Name and Firm if Applicable)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

Applicant Traffic Engineer: _____
(Name and Firm if Applicable)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

## 6. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant.

Name: _____ Field of Expertise: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

## 7. RELIEF BEING REQUESTED

SUBDIVISION APPROVAL

__X__ Minor Subdivision

_____ Major Subdivision _____ Major Subdivision – Final

_____ Number of Lots to be Created _____ Number of Proposed Dwelling Units

**Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Borough of Keyport Ordinance.**

SITE PLAN APPROVAL

_____ Major Site Plan Approval _____ Minor Site Plan Approval

_____ Preliminary Site Plan Approval (phases – if applicable) _____

_____ Final Site Plan Approval (phases – if applicable) _____

_____ Amendment or Revision to an Approval Site Plan (Area to be disturbed – square feet)

_____ Request for a Waiver from Site Plan Review and Approval. Reason for Request: _____

_____

_____

OTHER

_____ Informal Review of _____

_____ Appeal Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.) Describe nature of appeal: _____

_____ Interpretation of Map or Ordinance, or Decisions upon Special Questions (N.J.S.A. 40:55D 70.b.) Explain: _____

_____ Variance Relief-Hardship (N.J.S.A. 40:55D-70c (1)) Provide Reasons: _____

_____ Variance Relief-Substantial Benefit (N.J.S.A. 40:55D-70c (2)) Provide Reasons: _____

_____ Variance Relief-Use (N.J.S.A. 40:55D-70cd) Provide Reasons: _____

| | EXISTING | PROPOSED | REQUIRED |
|---|---|---|---|
| Minimum lot area:* | | | |
| Building coverage limit:* | | | |
| Front yard setback:* | | | |
| Side yard setback:* | | | |
| Rear yard setback:* | | | |
| Roadway setback: | | | |
| Impervious coverage limit: | | | |
| Parking spaces:* | | | |
| Building height:* | | | |

*DENOTES ITEMS REQUIRED ON THE SITE PLAN.

## 7. SUBMISSION REQUIREMENTS

The Applicant is required to submit each of the following, unless otherwise noted:

A. Application: An Original and nineteen (19) copies to the Board Secretary (Total 20) must be submitted (with attached site plan, plot plan, survey and/or other pertinent documents).

B. Escrow Agreement (Form #1): Sign and submit with original copy of application

C. Notice of Public Hearing (Form #2): DO NOT MAIL TO PROPERTY OWNERS UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY. Submit a draft copy (leaving date of hearing blank) and submit with original application. *(Not required for minor subdivision where no variances are requested)*

C. Affidavit of Publication – Asbury Park Press: Evidencing that the Notice of Public Hearing (Form #3) was published at least ten (10) days prior to the hearing date: (DO NOT PUBLISH NOTICE IN NEWSPAPER UNITL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY) Submit to the Board's Secretary as soon as received by the newspaper. (Not required for minor subdivision where no variances are requested)

D. Affidavit of Service – with attachments (Form #4). Submit to the Board's Secretary along with Original copies of Certified Mail Receipts stamped by the US Post Office as to the date of mailing, and a copy of the Notice of Public Hearing ( Form #2) with hearing date.

E. Tax Payment Certification (Form #5). Submit with Original copy of Application.

## 8. OTHER APPROVALS, WHICH MAY BE REQUIRED, AND THE DATES THAT PLANS/APPLICATIONS WERE SUBMITTED:

| AGENCY OR PERMIT | YES | NO | DATE PLANS SUBMITTED |
|---|---|---|---|
| Borough of Keyport Health Dept | ____ | ____ | _____ |
| Borough of Keyport Planning Board | ____ | ____ | _____ |
| Freehold Soil Conservation District | ____ | ____ | _____ |
| NJ Dept. of Transportation | ____ | ____ | _____ |
| JCP&L | ____ | ____ | _____ |
| Other: _____ | ____ | ____ | _____ |

*NJ Dept of Environmental Protection

*Check nature of approval(s) needed on next page:

____ Sewer Extension Permit; ____Sanitary Sewer Connection Permit; ____Potable Water Construction Permit;

____ Stream Encroachment Permit; ____ Wetlands Permit; _____ Tidal Wetlands Permit; ____ Other_____

List of Maps, Reports and other materials accompanying this application (attach additional pages as required for complete listing): Minor Subdivision Plan & Survey
Survey Existing Lot

9. OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION.
(List specific information attached and its importance/significance to your application): _____

## 10. CERTIFICATIONS

APPLICANT

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant that I am authorized to sign the application for the Corporation, or that I am a general partner of the partnership applicant. (If the Applicant is a corporation, this application must be signed by an authorized corporate officer as indicated in a resolution of the corporation which must be attached hereto. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

17th day of April, 2023

Donna Fitz
NOTARY PUBLIC

DONNA FITZ
Notary Public, State of New Jersey
My Commission Expires 4/26/2027

X _____
SIGNATURE OF APPLICANT

Thomas Caliendo JR.
Applicant's Name (Print)

OWNER (IF DIFFERENT FROM APPLICANT)

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made by the applicant, and the decision of the Board in this matter.

Sworn to and subscribed before me this

_____ Day of _____, 20___

_____
NOTARY PUBLIC

X _____
SIGNATURE OF OWNER

_____
Owner's Name (Print)

## ESCROW AGREEMENT

THIS AGREEMENT (the "Agreement") is entered into this 17th day of April 2023 by and between the KEYPORT UNIFIED PLANNING BOARD (the"Board") and Thomas Caliendo, Jr and Kerin Caliendo (the "Applicant").

1. PURPOSE. The Board authorizes its professional staff to review, inspect, report to the Board, and study all plans, documents, statements, improvements and provisions submitted by the Applicant to the Board or pursuant to relief granted to the Applicant by the Board. The Board is entitled to reimbursement from an Applicant for all reasonable costs/fees incurred by the Applicants in accordance with N.J.S.A 40:55D-8, and N.J.S.A 40:55D-53 et seq. of the New Jersey Municipal Land Use Law ("MLUL").

2. ESCROW ESTABLISHED. The Board, Borough and Applicant, in accordance with the provisions of this Agreement, hereby create an escrow deposit account to be established with the finance office of the Borough of Keyport.

3. ESCROW FUNDED. The Applicant, by execution of this Agreement, shall pay to the Borough to be deposited in the account referred to in paragraph 2 above.

4. INCREASE IN ESCROW AMOUNT DEPOSITED. If, during the existence of this escrow agreement, the funds deposited into said escrow account are insufficient to cover any voucher or bill submitted by the Board's professional staff, the applicant shall, within fourteen (14) days of receipt of a notice from the Board or the Borough that a deficiency in the escrow exists, provide such funding as required to fund the existing deficit as well as to pay for projected costs and fees associated with the ongoing professional reviews, inspections, etc., pursuant to applicable Borough ordinances governing the same, as well as the MLUL.

5. DISPUTES AND APPEALS. Should any disputes arise by and between the applicant and the Borough and/or the Board with respect to either the funding of, or payment from, the escrow account established herein, then the settlement of any and all disputes, including appeals from any decisions made by the Borough and/or the Board regarding such escrow account shall be made as called for by the applicable ordinance of the Borough of Keyport and the provisions of the MLUL.

6. COLLECTION OF DELINQUENT ESCROW BALANCES. Should the Applicant fail to adequately and on a timely basis fail to fund its escrow account so that the payment of necessary fees of the Board's professionals can be made in accordance with the law, then the Borough and/or Board shall be entitled to pursue all remedies available at either law of inequity, including but not limited to all amounts due, and simple interest at a rate of 18% per annum on all sums unpaid, beginning from 30 days after the applicant received notice of such deficiencies, if permitted by law. The Borough and/or Board shall be permitted to place a lien against any and

all properties within the Borough owned by the Applicant until such time as all sums due and owed have been paid. The Borough shall also have the right to withhold and/or suspend any building permits, the conduct of construction inspections, the issuance of certificates of occupancy, and other actions, unless and until all escrow deficiencies have been satisfied by the Applicant.

Date: 4/17/2023

X _____
SIGNATURE OF APPLICANT

Thomas Caldendo JR.
Owner's Name (Print)

Sworn to and subscribed before me this
17 day of April, 2023

_____
NOTARY PUBLIC

DONNA FITZ
Notary Public, State of New Jersey
My Commission Expires 4/26/2027

Date: _____

_____
BOROUGH OF KEYPORT

Date: _____

_____
BOROUGH OF KEYPORT
UNIFIED PLANNING BOARD