APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 156-158 Main Street

Tax Map: Block 44 Lot(s) 6

Dimensions: Frontage 75 ft. Depth 157 ft. Total Area 11,775 sq. ft.

Zone District: N.C.

Location of the property is approximately _____ feet from the intersection of Main Street and Maple Place.

The property is located within 200 feet of another municipality: ✓ NO _____ YES
If yes, name of municipality _____

The property fronts on a County Road or State Hwy: ✓ NO _____ YES

COUNTY ROUTE NO. _____ STATE HWY NO. _____

2. APPLICANT INFORMATION

Full Legal Name: Anthony Triano

Address: 156 Main Street, Keyport, NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-241-9017 EVENING _____

Applicant is a: _____Corporation _____ Partnership _____ Sole Proprietor ✓ 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 _____

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) ✓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: Lawrence D. Kantor, Esq.
(Name and Firm if Applicable)

Address: 58 West Front Street, Keyport, NJ 07735
(Street) (City) (State) (Zip)

Telephone: 732-264-9300 Fax 732-355-8100

Applicant Engineer: Jeremiah J. Regan, AI.A.
(Name and Firm if Applicable)

Address: 147 Brighton Avenue, 2nd Floor, Long Branch, NJ 07740
(Street) (City) (State) (Zip)

Telephone: 732-870-2977 Fax 732-870-1213

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

_____ 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: Applicant wants to add an addition to an existing building that is a multi-use in a NC Zone.

	EXISTING	PROPOSED	REQUIRED
Minimum lot area:*	11,775 sq. ft.	11,775 sq. ft.	11,775 sq. ft.
Building coverage limit:*	30%	30%	
Front yard setback:*	1.5 ft.	1.5 ft.	5 ft.
Side yard setback:*	6.2 ft.	6.2 ft.	10 ft.
Rear yard setback:*	74.6 ft.	58.6 ft.	25 ft.
Roadway setback:			
Impervious coverage limit:	49.49 %	52.54%	90%
Parking spaces:*			
Building height:*	3/31 ft.	3/31 ft.	2/25 ft.

*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): _____

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

7th day of October, 2021

NOTARY PUBLIC

SHARON B. BETANCOURT
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 18, 2024

X _____
SIGNATURE OF APPLICANT

LAWRENCE D. KANTOR, ESQ.

ATTORNEY FOR APPLICANT

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)