APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 23 Brook Avenue

Tax Map: Block 102 Lot(s) 6

Dimensions: Frontage 40 ft. Depth 94 ft. Total Area 3760 sq. ft.

Zone District: R-A

Location of the property is approximately 40 feet from the intersection of Brook Avenue and Hall 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: 30 South Second, LLC

Address: 55 West Front Street, Keyport, NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-939-2435 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: _____
(Name and Firm if Applicable)

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

Telephone: _____ Fax _____

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

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

Telephone: _____ Fax _____

Applicant Traffic Engineer: Robert T. Kee, Jr.
(Name and Firm if Applicable)

Address: 51 Gerard Avenue, Matawan, NJ 07747
(Street) (City) (State) (Zip)

Telephone: 732-290-9600 Fax _____

6. OTHER EXPERTS

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

Name: Jason Peist Architect, LLC Field of Expertise: _____

Address: 171 Broad Street, Matawan, NJ 07747
(Street) (City) (State) (Zip)

Telephone: 732-379-0743 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: _____
Lot is undersized

_____

_____ 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:*	3760 ft.	3760 ft.	5000 ft.
Building coverage limit:*	0	29.76%	30%
Front yard setback:*	0	20 ft.	20 ft.
Side yard setback:*	0	6 ft.	6.05 ft.
Rear yard setback:*	0	23.76 ft.	15 ft.
Roadway setback:			60%
Impervious coverage limit:	100%	36.14%	
Parking spaces:*	0	2	2
Building height:*	0	23 ft. 11 in.	30 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):

Survey dated March 11, 2021

Architect Plans dated May 17, 2021

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

19th day of July, 2021

NOTARY PUBLIC

Deborah A Lara
Notary Public
New Jersey
My Commission Expires 12-19-2021
No. 2353586

X _____
SIGNATURE OF APPLICANT

Steven Capuli
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 19th day of July 20 21 by and between the KEYPORT UNIFIED PLANNING BOARD (the"Board") and 30 South Second, LLC (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: 7/19/21

30 South Second, LLC

X _____
SIGNATURE OF APPLICANT

By: Steve Caputi
Owner's Name (Print)

Sworn to and subscribed before me this
19 day of July, 2021

_____
NOTARY PUBLIC

Deborah A Lara
Notary Public
New Jersey
My Commission Expires 12-19-2021
No. 2353586

Date: _____

_____
BOROUGH OF KEYPORT

Date: _____

_____
BOROUGH OF KEYPORT
UNIFIED PLANNING BOARD

FORM #2 – NOTICE SERVED ON PROPERTY OWNERS WITHIN 200 FEET OF SUBJECT PROPERTY:

BOROUGH OF KEYPORT, COUNTY OF MONMOUTH
STATE OF NEW JERSEY
NOTICE OF PUBLIC HEARING

TO: _____ OWNER OF PREMISES LOCATED AT:

_____

Also known as Block 102 Lot 6 in the Borough of Keyport.

PLEASE TAKE NOTICE, that the undersigned has filed an application with the Unified Planning/Zoning Board of the Borough of Keyport for the following appeal or form of relief: ___

_____

_____

_____

On the premises at _____ in the Borough of Keyport, also known as Block 102 Lot 6 on the tax maps of the Borough. This notice is being sent to you because you are a property owner within 200 feet of the property that is the subject of this application. A public hearing has been set for this application on _____, 20____ at 7:00 PM in the Keyport Borough Municipal Building, 70 West Front Street, Keyport, NJ 07735. You may appear either in person, or by agent, or by attorney, and present any objections to the granting of the relief being sought. Copies of the application and all documents, maps or other papers filed in connection with this application are on file in the Office of the Board Secretary in the Borough's Municipal Building and are available for inspection during the Borough's regular business hours.

BY ORDER FO THE KEYPORT BOROUGH
UNIFIED PLANNING BOARD
30 South Second, LLC
By: Steve Caputi
_____
(Name of Applicant)

FORM #3 – NOTICE TO BE PUBLISHED IN THE OFFICIAL NEWSPAPER OF THE BOROUGH OF KEYPORT

NOTE: Publication of this notice must appear at least ten (10) days prior to the scheduled hearing date.

NOTICE OF PUBLIC HEARING
Borough of Keyport Unified Planning Board

TAKE NOTICE that on the _____ day of _____, 20____, at 7:00 PM, a hearing will be held before the Keyport Unified Planning Board ("the Board") in the Council Chambers at Keyport Borough Hall, 70 West Front Street, Keyport, NJ 07735 on the application of the undersigned for the following form of relief: _____

_____

_____

_____

_____

Regarding premises known as _____ in the Borough of Keyport, also known as Block 102 Lot 6 on the tax maps of the Borough. This application, along with all maps, papers and supporting documents filed with the application are on file in the Office of the Board Secretary in the Borough Municipal Building and are available for public inspection during the Borough's regular business hours. Any interested party may appear at the hearing in this matter and participate therein, either in person, by attorney, in accordance with the Rules and Regulations of the Board.

By Order of the Borough of Keyport Unified Planning Board

30 South Second, LLC
By: Steve Caputi

(Applicant-Print Name)

FORM #7

NOTICE OF ACTIONS TAKEN BY THE BOARD
BOROUGH OF KEYPORT

Take notice that on the _____ day of _____, 200___ the Keyport Unified Planning Board in the County of Monmouth took the following actions:

(Granted / Denied) to (Name) _____ for the property located at

(Address) 23 Brook Avenue

Keyport, NJ 07735

Block 102, Lot 6

Approval to (a variance, site plan, preliminary subdivision, minor site plan, etc.) describe development

_____

_____

_____

_____

COMPLETION CHECKLIST

UNIFIED PLANNING BOARD

Application Number: _____ Date Received: _____

Applicant: 30 South Second, LLC By: Steve Caputi

Property: Block 102 Lot(s) 6

Street Address: 23 Brook Avenue, Keyport, NJ 07735

RECEIVED:

____Application Fee in Amount of $ _____ Paid by: _____

_____Escrow Deposit in Amount of $ _____ Paid by: _____

_____ Certification of Taxes Paid

_____ Proposed "Notice of Public Hearing"

_____ Signed Escrow Agreement

_____ Certified List of Property Owners Within 200 Feet

ACTION TAKEN:

_____ Copy of Application to Board Attorney on: _____

_____ Copy of Application to Board Engineer on: _____

_____ Letter _____ "Completeness" _____ "Incompleteness" sent on: _____

_____ Hearing Date Set for: _____

NOTES: _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
30 South Second, LLC

2 Business name/disregarded entity name, if different from above
30 South Second, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
5 West Front Street

Requester's name and address (optional)

6 City, state, and ZIP code
Keyport, NJ 07735

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
___ - ___ - ____

or

Employer identification number
85-3687631

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] | **Date** ▶ 7-19-2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*