

R. C. SHEA & ASSOCIATES

COUNSELLORS AT LAW, P.C.

244 MAIN STREET

PO Box 2627

TOMS RIVER, NEW JERSEY 08754

(732) 505-1212

TOLL FREE (800) 556-SHEA

LAND USE FAX: (732) 505-5468

ROBERT C. SHEA

MARC S. GALELLA †

MICHAEL J. DEEM ▪

CHRISTOPHER R. SHEA *

ROBERT C. SHEA II

VINCENT J. DELRICCIO

* Member NJ & PA Bars
LLM in Trial Advocacy

† Member Nat'l Academy of Elder Law Attorneys
▪ Certified by the Supreme Court of New Jersey as a
Civil Trial Attorney
Certified By The National Board of Trial Advocacy
As A Civil Trial Advocate
Rule 1:40 Qualified Mediator

BERKELEY TOWNSHIP OFFICE

HOLIDAY CITY PLAZA III

600 MULE ROAD, SUITE 16

TOMS RIVER, NJ 08757

BRICK AREA

(732) 451-0800

MANCHESTER AREA

(732) 408-9455

January 6, 2025

Via Email and Hand Delivery

Denise Nellis

Planning Board Secretary

70 W. Front Street

Keyport, NJ 07735

dnellis@keyportonline.com

**RE: 3 Cass Street
Block 33 Lot 16
Our File No.: 15851**

Dear Ms. Nellis,

This office represents owner of the above referenced property. Enclosed please find the following:

1. Keyport Unified Planning Board Application including Schedule A with Exhibits A through C.
2. Escrow Agreement
3. Tax Payment Certification
4. W-9
5. Keyport Unified Planning Board Completion Checklist
6. Four (4) checks made payable to the Borough of Keyport:
 - i. One Application Fee in the amount of \$75.00 for an appeal under N.J.S.A.40:55D-70(a) to be hand delivered by our client today.
 - ii. One Professionals Escrow in the amount of \$200.00 for an appeal under N.J.S.A.40:55D-70(a) to be hand delivered by our client today..
 - iii. One Application Fee in the amount of \$75.00 for an interpretation under N.J.S.A.40:55D-70(b) to be hand delivered by our client today.
 - iv. One Professionals Escrow in the amount of \$200.00 for an interpretation under N.J.S.A.40:55D-70(b) to be hand delivered by our client today.

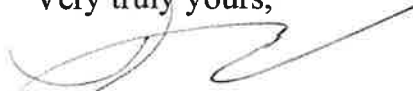
R. C. SHEA & ASSOCIATES

COUNSELLORS AT LAW, P.C.

Page 2 of 2

Naturally, should you have any questions or wish to discuss the above, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'RCS', with a long, sweeping horizontal line extending to the right.

ROBERT C. SHEA

RCS/md



KEYPORT UNIFIED PLANNING BOARD APPLICATION

BOROUGH OF KEYPORT
70 WEST FRONT STREET
KEYPORT, NEW JERSEY 07735

KEYPORT UNIFIED PLANNING BOARD
CHECKLIST

1. Copy of Denied Zoning Permit from Zoning Officer
2. Copy of 200 Foot radius list from the Tax Assessor's Office
3. Application Packages must include:
 - 20 copies of the Application
 - 20 copies of the Maps or Drawings
 - 20 copies of the Corporate Disclosure (if Applicable)
4. Certification from Tax Collector that property taxes have been paid
5. Sewer Connection Application Submitted to:
6. Copy of Notice to County of Monmouth Planning Board
7. Copy of Notice to DOT
10. DCA Application (property exceeds 150 acres or 500 dwelling units)
11. Original affidavit of publication prior to hearing:
 - Asbury Park Press
 - P.O. Box 1550
 - Neptune, NJ 07754
12. Original affidavit of service (prior to hearing) certified mailing return receipts to Board Secretary
13. Meetings held: Regular meetings for the Keyport Unified Planning Board are held on the 4th Thursday of each month except in the event of a holiday. All meetings are held at 7:00 PM in the Council Chambers of the Borough Hall 70 West Front Street, Keyport, NJ 07735
14. Meeting time 7:00 p.m.
15. Fees must be paid to Board Secretary no later than 10 days before your hearing date. Checks are made payable to the Borough of Keyport.
 - Checks: One (1) check for application fees
 - One (1) check for escrow fees for the professionals
16. Applicant is responsible for publishing the Board's decision after the resolution is memorialized. (sample enclosed)
17. All escrows and bonds must be paid to the Planning Department.

FILING THE APPLICATION

1. Each application package must include the following:
 - a. Application forms, fully completed and signed --20 copies
 - b. Zoning Officer's denial letter --20 copies
 - c. Survey --20 copies of a certified survey of the property. If a present building exists, the survey shall be a certified "location survey" and shall clearly indicate such buildings thereon with all front, side and rear yard dimensions, together with setback dimensions required by ordinance.
 - d. Plot Plan -- 20 copies (if new building). Clearly indicate all new and existing buildings and front side and rear yard dimensions, with a comparison to the zoning ordinance requirements.
 - e. Any other supporting reports and documents, if applicable. -- 20 copies
 - f. Required fees and escrows.
 - g. Affidavit of Disclosure, if applicable. -- 20 copies
 - h. Certification of Tax Collector.
 - i. Present and proposed easements.
 - j. Applicants doing renovations, alterations or new construction must provide drawings to scale.
2. A sample Notice of Hearing is attached. The following information MUST be in your notice:
 - a. Date, time and place of hearing.
 - b. Nature of matters to be considered.
 - c. Identification of property proposed for development by street address, tax block and lot number, as shown on tax map.
 - d. Zone classification.
 - e. Where and when maps, blueprints, specifications and other documents for which approval is sought are available for public inspection.
3. At least 10 days prior to hearing date, notice of the hearing must be:
 - a. Published in the Asbury Park Press.
 - b. Served by certified mail on:
 1. All property owners within 200 feet of the property.

4. After you have notified all parties listed above, the following items must be submitted to the Board Secretary at least two (2) business days prior to the meeting:
 1. Affidavit of Publication of Notice of meeting as published in the newspaper.
 2. Certified mail receipts
 3. A copy of the notice you served on all property owners.
 4. Both notice to the property owners and the notice in the newspaper must be legally correct and published at least 10 days before the hearing in order for the hearing to occur.

After the Board hears the case, and adopts a Resolution, notice of the decision of the Board must be advertised in the Asbury Park Press not more than 10 days after decision.

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 3 Cass Street
Tax Map: Block 33 Lot(s) 16
Dimensions: Frontage _____ Depth _____ Total Area _____
Zone District: Industrial District

Location of the property is approximately _____ feet from the intersection of _____ and _____

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: Avrohom Schlaff/AP Cass Street, LLC
Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: DAY _____ 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): See Schedule A

5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: R.C. Shea & Associates
(Name and Firm if Applicable)

Address: 244 Main Street, Toms River, NJ 08754
(Street) (City) (State) (Zip)

Telephone: 732-505-1212 Fax _____

Applicant Engineer: To Be Provided
(Name and Firm if Applicable)

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

Telephone: _____ Fax _____

Applicant Planning Consultant: To Be Provided
(Name and Firm if Applicable)

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

Telephone: _____ Fax _____

Applicant Traffic Engineer: N/A
(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 _____

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

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

_____ 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: _____

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>REQUIRED</u>
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 UNTIL 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): _____

See Schedule A

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

3rd day of January, 2025

Chaim Lev

NOTARY PUBLIC

CHAIM LEV
NOTARY PUBLIC, State of New York
No. 01LE6408180
Qualified in Kings County
Commission Expires 08/17/2028

X

Avrohom Schlaff

SIGNATURE OF APPLICANT

Avrohom Schlaff

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)

SCHEDULE A

Schedule A

Background and Facts

On December 9, 2024, Avrohom Schlaff of AP Cass Street, LLC submitted an application for a zoning permit. The application sought to use the property located at 3 Cass Street to “Rent out rear lot of building for use of parking for a new/refurbished trucks (approx. 150 trucks).” (**Exhibit A page 3**) On December 17, 2024, Zoning Officer Trevor Taylor (“Taylor”) issued a letter denying the application. (**Exhibit A**) The denial simply stated, “a change of use requires site plan approval when additional nonconformities are created and/or existing nonconformities are exacerbated.” Taylor did not indicate what nonconformities were being created or what existing nonconformities were being exacerbated.

The applicant here is seeking to use the property’s rear parking area to store and sell trucks. The new use is largely similar to the one the property is already approved for. Previously, on November 22, 2022, the property located at 3 Cass Street, Keyport NJ, Block 33, Lot 16 (“Property”) received a Zoning Approval for a change of use (**Exhibit B**). The application was submitted in the name of Automoby LLC, the tenant of the Property and applicant for the change of use, as well as AP Cass Street, LLC, as the owner of the Property. The application described the new use as, “dealership company that buys, sells and does overseas transportation of salvaged cars and parts.” The Property is located in the Industrial Zone, and as such, the Change of Use was indicated as “permitted by ordinance”. The Zoning Application was signed by Zoning Officer David Olsen. The Property was inspected and received a Certificate of Occupancy on January 10, 2023. (**Exhibit C**)

As such, no site plan approval is necessary.

Current Application

This application, regarding the property located, is being submitted pursuant to both N.J.S.A. 40:55D-70(a) and (b) which respectively grant a Zoning Board the power to:

- a. Hear and decide appeals where it is alleged by the appellant that there is error in any order, requirement, decision or refusal made by an administrative officer based on or made in the enforcement of the zoning ordinance; (“appeal”)
- b. Hear and decide requests for interpretation of the zoning map or ordinance or for decisions upon other special questions upon which such board is

authorized to pass by any zoning or official map ordinance, in accordance with this act; (“interpretation”)

Grounds

Under § 25-1-12.1 of the Keyport Code, the following uses are permitted in the Industrial Zone:

- a. All uses permitted in the Limited Industrial District.
- b. Manufacturing of light machinery.
- c. Fabrication of metal products.
- d. Fabrication of paper products.
- e. Fabrication of wood products.
- f. Processing and packaging of food and associated goods.
- g. Research laboratories.
- h. Other uses which are light industrial in nature. Such shall not include truck terminals, bulk fuel storage, raw material processing except for food and beverages, asphalt and concrete plants.

The uses permitted under subsection a are as follows:

- a. Wholesale storage and warehouse facilities.
- b. Lumber, building materials, and other storage yards, but not salvage or junk yards.
- c. Processing or assembly of materials for products sold on the premises such as a baking plant, dry cleaning plant, etc.
- d. Laboratory or research facilities.
- e. Boat yards and boat building facilities.
- f. Light industrial use provided same shall not create toxic or corrosive fumes, gas, smoke, odors, obnoxious dust or vapor, offensive noise or vibration, glare, flashes, or objectionable effluent, the effects of which would be noticeable outside the Limited Industrial District

Taylor did not make any finding as to how exactly the use is not permitted or how it exacerbates existing nonconformities. Additionally, Taylor denied the permit due to the alleged creation of non-conformities. He did not deny it in order to request new information. As per the permit application, no other uses such as manufacturing, were proposed. The proposed use seeks only to park trucks in the rear lot of the property where they will then be sold off-site.

As such, we ask that the Board overturn Taylor’s denial of applicants zoning permit. Applicant further asks the Board to render an interpretation as to the uses permitted in the

Industrial Zone and find that the proposed use is permitted and that the use does not require a site plan approval based upon both the above ordinance and the existing approvals.

EXHIBIT A

JOHN H. ALLGAIR, PE, PP, LS (1983-2001)
DAVID J. SAMUEL, PE, PP, CME
JOHN J. STEFANI, PE, LS, PP, CME
JAY B. CORNELL, PE, PP, CME
MICHAEL J. McCLELLAND, PE, PP, CME
GREGORY R. VALES, PE, PP, CME



BRUCE M. KOCH, PE, PP, CME
LOUIS J. PLOSKONKA, PE, CME
TREVOR J. TAYLOR, PE, PP, CME
BEHRAM TURAN, PE, LSRP
LAURA J. NEUMANN, PE, PP
DOUGLAS ROHMEYER, PE, CFM, CME
ROBERT J. RUSSO, PE, PP, CME
JOHN J. HESS, PE, PP, CME
KEITH CHIARAVALLA, PE, CME

December 17, 2024

Kim Humphrey
Borough of Keyport
70 West Front Street
Keyport, NJ 07735

**Re: Zoning Application
3 Cass Street
Block 33 Lot 16
Zone I "Industrial District"
Borough of Keyport, Monmouth County**

Dear Kim:

Our office has reviewed the zoning application for a new tenant for the property that will use a portion of the Property for the *"use of parking for a new/refurbished trucks (approximately 150 trucks)"*. No survey or site plan was provided with the application.

The Zoning Permit is **DENIED** based on the following:

- A Change of Use requires site plan approval when additional nonconformities are created and/or existing nonconformities are exacerbated.

In addition, supplemental information shall be provided to review the proposed use for compliance with the permitted uses in the Industrial District.

- Will the trucks be manufactured on the site?
- Will the building be utilized as part of the use?
- Are there any other uses proposed with the parking of the trucks, i.e. manufacturing, deliveries, office space, outdoor assembly, etc.

Site Plan approval is required to meet, at a minimum, the following sections of the Borough's Land Use Ordinance:

Section 25-1-14.6 Landscaping, lighting and buffer regulations.

This section shall not apply to nurseries, and the display for sales purposes of new or used cars, trucks, trailers, or boats except when abutting a residential zone or use.

- a. Landscaping requirement. All nonresidential development shall provide landscaping and/or fencing to enhance site appearance, provide for visual screening of parking areas, waste disposal facilities and loading areas. The Planning Board may waive this requirement due to existing vegetation, topography, or other physical features at or adjacent to the site which provides effective screening.

S:\Keyport\Zoning Applications\Block 33 Lot 17 - 3 Cass Street_Denied\24-12-17 - Zoning Denial.docx

CONSULTING AND MUNICIPAL ENGINEERS

NJ CERTIFICATE OF AUTHORIZATION NO. 24GA28359000

1460 ROUTE 9 SOUTH • HOWELL, NEW JERSEY 07731 • (732) 462-7400 • FAX: (732) 409-0756



Kim Humphrey
Zoning Application Review
Block 33 Lot 16 – 3 Cass Street

December 17, 2024

Page 2

- b. Buffer requirement. Any nonresidential development shall provide a six-foot high solid fence or planted evergreen screen along any lot line which is contiguous with a residential lot. The Planning Board may waive this requirement due to existing vegetation, topography, or other physical features at or adjacent to the site which provides effective screening.
- c. Lighting regulation. No exterior light source shall emit direct glare beyond the lot lines of the site on which located. Further, no pole lights shall exceed 12 feet in height when located within 25 feet of a residential zone boundary.
- With this being said, a Site Plan is required to demonstrate how the proposed use meets the following requirements of the Land Use Ordinance:
 - Stormwater Management and Control (Chapter 24)
 - Landscaping, lighting and buffer regulations (Section 25-1-14.6)
 - Commercial and industrial uses (Section 25-1-15.4)
 - Wellhead Protection (Section 25-1-15.19)
 - Signs (Section 25-1-17)
 - Off-Street Parking and Loading Requirements (Section 25-1-18)

It should be noted that under State Statute, notice of appeal of this decision must be filed with the Borough not later than (20) days from the date of this notice. Should you have any questions or require additional information, please do not hesitate to contact our office.

Very Truly Yours,
CME Associates

Trevor J. Taylor, PE, PP, CME
Interim Zoning Officer

cc: Laurie Graham
Denise Nellis
Paul Murphy
Sofie Clark



ZONING APPLICATION

Borough of Keyport

70 West Front Street

Keyport, N.J. 07735

P - 732-739-5135 F - 732-739-3479

www.keyportonline.com



Estimated Cost of Work: \$ _____

Fee: \$ 25.00 CASH

Address of Proposed Work or Use: 3 Cass St

Block: 12 Lot(s): 31 Zone: _____ CN: _____

Owner's Name: AVRhom schaff Telephone: _____

Address: _____ E-Mail: _____

Contractor or Applicant (If different from above) Information:

Name: _____ Telephone: _____

Address: _____ E-Mail: _____

License #: _____

Type of Work and/or Use (Check all that apply):

- ☐ Addition ☐ Renovation ☐ Alteration ☐ Reconstruction ☐ Repair ☐ Flat Work
- ☐ New Construction ☐ Change of Use ☐ Commencement of Use
- ☐ Accessory Use/Structure: ☐ Shed ☐ Fence ☐ Other: _____

Size of Property: Lot Area 2 acre Sq Ft. Frontage: _____ Ft Depth: _____ Ft

Principal Building: Type: _____ Gross Floor Area: _____ Lot Coverage: _____

Lot Coverage _____ Percent Building Height: _____ Ft

Accessory Building: Total Area _____ Rear Yard Set Back _____ Ft Side Yard set back _____

Rent out rear lot of building for use of
parking for a new/refurbished trucks approx. 150
trucks

Owner's Signature: [Signature] Date: 12/09/24

Keyport Unified Planning Board prior approvals or applications: Has this property, to your knowledge, ever been subject of any prior applications to the Keyport Unified Planning Board? () No () Yes

If yes, provide date(s): _____

Notes:

1) All Zoning Permit Applications must be accompanied by a current Property Survey, within the last 12 months, drawn to scale and including locations and distances to property lines of all structures, improvements, proposed work, etc..

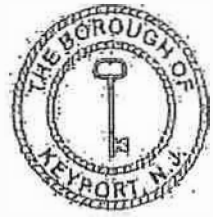
2) Elevations shall be measured at five (5) separate points five (5) feet out along the entire front façade of the principal structure and around the entire perimeter of accessory structures to determine the average grade for purposes of confirming the structure's height.

EXHIBIT B



ZONING APPLICATION

Borough of Keyport
70 West Front Street
Keyport, N.J. 07735
P - 732-739-5135 F - 732-739-3479
www.keyportonline.com



Estimated Cost of Work: \$ _____

Fee: \$ _____

Address of Proposed Work or Use: 3 Cass Street, Keyport NJ

Block: 33 Lot(s): 16 Zone: _____ CN: _____

Owner's Name: AP Cass Street LLC / Avrohom

Telephone: _____

Schlaff Address: _____

E-Mail: _____

Contractor or Applicant (If different from above) Information:

Name: Automoby LLC - Davit Kverenchkhiladze

Telephone: _____

Address: _____ E-Mail: _____

License #: 06551 90000 78401

Type of Work and/or Use (Check all that apply):

☐ Addition ☐ Renovation ☐ Alteration ☐ Reconstruction ☐ Repair ☐ Flat Work

☐ New Construction ☐ Change of Use ☒ Commencement of Use

☐ Accessory Use/Structure: ☐ Shed ☐ Fence ☐ Other: _____

Size of Property: Lot Area _____ Sq Ft. Frontage: _____ Ft Depth: _____ Ft

Principal Building: Type: _____ Gross Floor Area: _____ Lot Coverage: _____

Lot Coverage _____ Percent Building Height: _____ Ft

Accessory Building: Total Area _____ Rear Yard Set Back _____ Ft Side Yard set back _____

Automoby LLC is the Dealership company, that buys, sells, does the overseas transportation of salvage cars and parts as well.

Owner's Signature: _____

Date: _____

Keyport Unified Planning Board prior approvals or applications: Has this property, to your knowledge, ever been subject of any prior applications to the Keyport Unified Planning Board? () No () Yes

If yes, provide date(s): _____

Notes:

1) All Zoning Permit Applications must be accompanied by a current Property Survey drawn to scale and including locations and distances to property lines of all structures, improvements, proposed work, etc..

2) Elevations shall be measured at five (5) separate points five (5) feet out along the entire front façade of the principal structure and around the entire perimeter of accessory structures to determine the average grade for purposes of confirming the structure's height.

EXHIBIT C



Change of Occupancy Certificate
Borough of Keyport, New Jersey
70 West Front Street, Keyport, NJ 07735
732-739-3900

☒ Rental/Apt.

☐ Business

☐ Transfer of Title

No.: 2023-003 Fee Paid: \$245 Date: Jan 5 2023

Seller/Owners Name: Avrhom Schlaff

Address: _____ This Occupancy certificate is granted

for the building/dwelling located at: 3 Cass St, Keyport

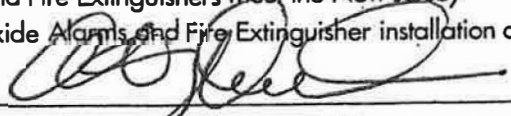
Block: 33 Lot: 16 Qualifier: _____ Unit #: 11, 11B, 11C, 12, 13, 14A
14B, 14C, 15A

to the following Buyer(s)/Occupant(s): David Kve m khki hdze (Sal age Auto Parts)

Number of Bedrooms: _____ Total Occupancy Permitted: 25

☒ The installation of all Smoke Dectectors, Carbon Monoxide Alarms, and Fire Extinguishers meet the New Jersey
Uniform Fire Code Requirements for Smoke Detectors, Carbon Monoxide Alarms and Fire Extinguisher installation compliance.

1/10/23
DATE


HOUSING INSPECTOR



Change of Occupancy Certificate
Borough of Keyport, New Jersey
70 West Front Street, Keyport, NJ 07735
732-739-3900

☒ Rental/Apt.

☐ Business

☐ Transfer of Title

No.: 2023-003 Fee Paid: \$245 Date: Jan 5 2023

Seller/Owners Name: Avrhom Schlaff

Address: _____ This Occupancy certificate is granted

for the building/dwelling located at: 3 Cass St, Keyport

Block: 33 Lot: 16 Qualifier: _____ Unit #11, 11B, 11C, 12, 13, 14A
14B, 14C, 15A

to the following Buyer(s)/Occupant(s): David Kverendkhiladze (Salvage Auto Parts)

Number of Bedrooms: _____ Total Occupancy Permitted: 25

☒ The installation of all Smoke Detectors, Carbon Monoxide Alarms, and Fire Extinguishers meet the New Jersey Uniform Fire Code Requirements for Smoke Detectors, Carbon Monoxide Alarms and Fire Extinguisher installation compliance.

1/10/23
DATE


HOUSING INSPECTOR



Change of Occupancy Certificate
Borough of Keyport, New Jersey
70 West Front Street, Keyport, NJ 07735
732-739-3900

☒ Rental/Apt.

☐ Business

☐ Transfer of Title

No.: 2023-003 Fee Paid: \$245 Date: Jan 5 2023

Seller/Owners Name: Avrhom Schlaff

Address: _____ This Occupancy certificate is granted

for the building/dwelling located at: 3 Cass St, Keyport

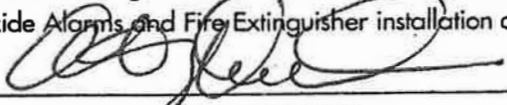
Block: 33 Lot: 16 Qualifier: _____ Unit #: 11, 11B, 11c, 12, 13, 14A
14B, 14C, 15A

to the following Buyer(s)/Occupant(s): David Kverenchkhiladze (Salvage Auto Parts)

Number of Bedrooms: _____ Total Occupancy Permitted: 25

☒ The installation of all Smoke Dectectors, Carbon Monoxide Alarms, and Fire Extinguishers meet the New Jersey Uniform Fire Code Requirements for Smoke Detectors, Carbon Monoxide Alarms and Fire Extinguisher installation compliance.

1/10/23
DATE


HOUSING INSPECTOR



Change of Occupancy Certificate
Borough of Keyport, New Jersey
70 West Front Street, Keyport, NJ 07735
732-739-3900

☒ Rental/Apt.

☐ Business

☐ Transfer of Title

No.: 20 2 - 00 Fee Paid: \$245 Date: Jan 5 202 3

Seller/Owners Name: Avrhom Schlaff

Address: _____ This Occupancy certificate is granted for the building/dwelling

located at: 3 Cass St, Keyport Block: 33

Lot: 1 6 Qualifier: _____ Unit #11, 11B, 11c, 12, 13, 14A

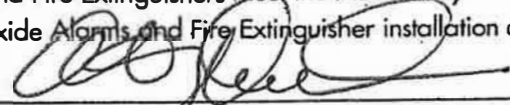
14B, 14C, 15A

to the following Buyer(s)/Occupant(s): David Kverenchkhiladze (Salvage Auto Parts)

Number of Bedrooms: _____ Total Occupancy Permitted: 25

☒ The installation of all Smoke Dectectors, Carbon Monoxide Alarms, and Fire Extinguishers meet the New Jersey Uniform Fire Code Requirements for Smoke Detectors, Carbon Monoxide Alarms, and Fire Extinguisher installation compliance.

1/10/23
DATE


HOUSING INSPECTOR

FORM #5

TAX PAYMENT CERTIFICATION

Pursuant to the New Jersey State Law, Chapter 174 of 1987, N.J.S.A. 40:55D-39c and N.J.S.A. 40:55D-65b, an applicant may be required to furnish proof that no taxes or assessments of local improvements are due or delinquent on the property for which any relief is being sought through the Unified Planning Board of the Borough of Keyport. An applicant must complete Section I of this form and request the Keyport Borough Tax Office to complete Section II which verifies that no taxes or assessments are due. When completed, the applicant should attach this form to the originally signed application that is to be submitted to the Board secretary.

SECTION I (To be completed by applicant):

I, AP Cass Street, LLC/Avrohom Schleffing at 1764 51 Street
Brooklyn, NY 11204 and making an application for
the following relief before the Unified Planning Board of the Borough of Keyport:
Appeal and Interpretation

Regarding property known as Block 33 Lots 16 on the
Tax Map of the Borough of Keyport, located at: 3 Cass Street
whose owner of the record is AP Cass Street, LLC/Avrohom Schleffing at
1764 51 St Brooklyn, NY 11204, I request the Tax Collector of the Borough of
Keyport to determine if all taxes and/or assessments are paid on the property that is the subject of
my application.

DATE OF REQUEST: 1/6/2025

[Signature]
(Applicant's Signature)

SECTION II (To be completed by the Keyport Borough Tax Collector):

I certify that:
☒ All taxes are paid up to date on the above referenced property;
☒ All assessments due have been paid.
☐ The following are delinquent and past due: _____

Date: 1/3/25

(Tax Collector) [Signature]

ESCROW AGREEMENT

THIS AGREEMENT (the "Agreement") is entered into this 6th day of January 2025 by and between the KEYPORT UNIFIED PLANNING BOARD (the "Board") and AP Cass Street, LLC /Avrohom Schlaff (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: 1/6/2025

CHAIM LEV
NOTARY PUBLIC, State of New York
No. 01LE6408180
Qualified in Kings County
Commission Expires 08/17/2028

Sworn to and subscribed before me this

6th day of January, 2025



NOTARY PUBLIC

Date: _____

Date: _____



SIGNATURE OF APPLICANT

AP Cass Street, LLC, Avrohom Schlaff

Owner's Name (Print)

BOROUGH OF KEYPORT

BOROUGH OF KEYPORT
UNIFIED PLANNING BOARD

Form

W-9(Rev. January 2011)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification****Give Form to the
requester. Do not
send to the IRS.**Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

AP Cass Street LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax

classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶☐ Exempt payee☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

				-			-				
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--

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).

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 on page 4.

**Sign
Here**Signature of
U.S. person ▶

Date ▶ 1/3/2025

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**COMPLETION CHECKLIST
UNIFIED PLANNING BOARD**

Application Number: _____ Date Received: _____

Applicant: _____

Property: Block _____ Lot(s) _____

Street Address: _____

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: _____

