APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 402 Highway 35

Tax Map: Block 112 Lot(s) 1.02

Dimensions: Frontage _____ Depth _____ Total Area 4.04 acres

Zone District: Highway Commercial (HC)

Location of the property is ~~approximately~~ located new _____ ~~feet from~~ the intersection of Highway and Beers Street.

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

The property fronts on a County Road or State Hwy: ____ NO X YES
COUNTY ROUTE NO. _____ STATE HWY NO. 35

2. APPLICANT INFORMATION

Full Legal Name: PMB Group Keyport d/b/a Sansone Jr's Keyport Kia

Address: 402 Highway 35 Keyport NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 888-309-9433 EVENING _____

Applicant is a: X 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: PMB Keyport Realty LLC

Address: 402 Highway 35, Keyport, NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 888-309-9433 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) 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): the property is currently occupied by the existing showroom it's EZ Auto Center Car Dealership. Proposed use is for a new KIA Auto dealership.

5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: Daniel J. O'Hern, Jr. Byrnes O'Hern & Heyck
(Name and Firm if Applicable)

Address: 195 East Bergen Place Red Bank NJ 07701
(Street) (City) (State) (Zip)

Telephone: 732-219-7711 Fax 732-219-7733

Applicant Engineer: French & Parello Associates
(Name and Firm if Applicable)

Address: 1800 Rt. 34 suite 101, Wall, NJ 07719
(Street) (City) (State) (Zip)

Telephone: 732-312-9800 Fax _____

Applicant Planning Consultant: N/A
(Name and Firm if Applicable)

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

Telephone: _____ Fax _____

Applicant Traffic Engineer: French & Parrello Associates
(Name and Firm if Applicable)

Address: Same As above
(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: Tokarski + Milkman Field of Expertise: Architects

Address: 1729 Rte 35, Wall, NJ 07719
(Street) (City) (State) (Zip)

Telephone: 732-262-0046 Fax 732-262-0045

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

X 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. ★ SEE ZONING DATA TABLE IN SITE PLAN Submitted with APPLICATION

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	✓	____	To be submitted
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): N/A

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

22 day of Nov., 2022

Anna L. DiCarlo

NOTARY PUBLIC

ANNA L. DICARLO
Notary Public of New Jersey
My Commission Expires 10/12/2026

X _____

SIGNATURE OF APPLICANT

PAUL SANSONE, 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

22 Day of Nov., 2022

Anna L. DiCarlo

NOTARY PUBLIC

ANNA L. DICARLO
Notary Public of New Jersey
My Commission Expires 10/12/2026

X _____

SIGNATURE OF OWNER

PAUL SANSONE, JR

Owner's Name (Print)