



KEYPORT UNIFIED PLANNING BOARD APPLICATION

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

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 253 1st STREET
Tax Map: _____ Block: 136 Lot(s) 38
Dimensions: Frontage 27' Depth 93.08' Total Area 2,123
Zone District: RA
Location of the property is approximately 29.66' feet from the intersection of
FIRST STREET and CEDAR STREET
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 Highway: ☒ NO ☐ YES
COUNTY ROUTE NUMBER _____ STATE HIGHWAY NUMBER _____

2. APPLICANT INFORMATION

Full Legal Name: SLIPEK, JEFF & ARIA
Address: 253 1st STREET KEYPORT N.J. 07735
(Street) (City) (State) (Zip)
Telephone Numbers: Day 732.996.9282 Evening 732.996.9282
Email: JSLIPEK22@gmail.com
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 _____
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) ☒ 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): EXISTING
SINGLE FAMILY. PROPOSED NEW BEDROOM SUITE
AT SECOND FLOOR.

5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: _____
(Name and Firm if Applicable)

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

Telephone: _____ Fax: _____

Applicant ~~Engineer~~ ^{ARCHITECT} KURT J. LUDWIG, AIA, INCORPORATED
(Name and Firm if Applicable)

Address: 77 N. MAIN ST., MIDDOWN, N.J. 08850
(Street) (City) (State) (Zip)

Telephone: 732.846.1141 Fax: 732.846.1143

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: HARDSHIP DUE TO UNUSUAL SHAPE LOT & LOCATION OF EXISTING ONE-FAMILY STRUCTURE ON LOT.

_____ 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:*	<u>2,123</u>	<u>2,123</u>	<u>5,000</u>
Building coverage limit:*	<u>25%</u>	<u>25%</u>	<u>30%</u>
Front yard setback:*	<u>12.60</u>	<u>12.60</u>	<u>20</u>
Side yard setback:*	<u>.80</u>	<u>.80</u>	<u>6</u>
Rear yard setback:*	<u>27</u>	<u>25.66</u>	<u>15</u>
Roadway setback:	<u>12.60</u>	<u>12.60</u>	<u>20</u>
Impervious coverage limit:	<u>51.46%</u>	<u>51.46%</u>	<u>60%</u>
Parking spaces:*	<u>0</u>	<u>0</u>	<u>-</u>
Building height:*	<u>25/2.5</u>	<u>25/2.5</u>	<u>30/2.5</u>

*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	☒	☐	4.28.23
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): ARCHITECTURAL PLANS INCLUDE;
FLOOR PLANS & ELEVATIONS, SITE KEY PLAN, VICINITY MAP,
ZONING MAP, BULK SCHEDULE, & PICTURES OF EXISTING.

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

28 day of April, 2023

NOTARY PUBLIC



X [Signature]
SIGNATURE OF APPLICANT

Jeffrey Sipek Ariad Sipek
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)