



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: 171 Therese ST
Tax Map: Block 14 Lot(s) 8
Dimensions: Frontage _____ Depth _____ Total Area _____
Zone 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: Denise Nellis
Address: 1 Hobart ST KeyPort NJ 07851
(Street) (City) (State) (Zip)
Telephone Numbers: DAY _____ EVENING 732 539 1064
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: _____
(Name and Firm if Applicable)

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

Telephone: _____ Fax _____

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: _____
(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: zoning approved change of use for 171 Therese St without going to Board for approval (see attached)

_____ 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: _____

	<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.

List of Maps, Reports and other materials accompanying this application (attach additional pages as required for complete listing):

letter to Mayor - zoning
approval for change of use.

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

March 12, 2024

Mayor Araneo,

Subject: Appealing the Zoning Officer's Decision Regarding 171 Therese Street, Block 14 Lot 8

My husband and I were just notified one March 11, 2024 by one of my neighbors that the property across the street from our home 171 Therese Street has gone to the zoning officer and was approved for a change in use. On the zoning permit clearly states that it is a change in use (attached).

I am writing to appeal the decision made by the zoning officer regarding the zoning status of 171 Therese Street. After reviewing the zoning determination dated December 8 2023, I respectfully request a reconsideration of this decision.

I believe that the business that would be moving into 171 Therese Street would be considered a change of use and would have to make application to the Land Use Board.

This property has been grandfathered as Marine Boat Repair. It is located in a residential zone where there are children and pets. I believe that that having any other business, especially one that uses any chemicals, paints or powder coating would have a negative impact on me and my neighbor's quality of life.

Also, by allowing this type of business in a residential area would decrease the value of my house, which is located directly across the street.

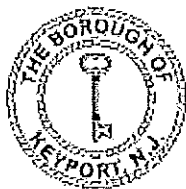
I am asking that you look into this approval made by the zoning officer immediately before they move into the building and this becomes a major issue for my neighborhood.

Thank you for your attention to this matter, and I look forward to your response.

Sincerely,

Denise and Kurt Nellis
(732) 539-1064
1 Hobart Street, Keyport

Cc: Kimberly Humphrey, Borough Administrator
Marc Leckstein, Planning Board Attorney



FirePrevention

Property Summary		Portal Refresh Open All
		Close All
Owner:	STOUT, DOUGLAS & WASCO, MARK D	
Location:	171/175 THERESE	
Block:	14	
Lot:	8	
Lead Parcel:	Yes	
Qualifier:		

▼ About the Owner...

▼ About the Property...

▼ About the Taxes...

▼ Construction...

▼ Pet...

▼ Complaints...

▲ Land Use...

Zoning Applications...

<u>Application Date</u>	<u>Application Number</u>	<u>Applicant Name</u>	<u>Permit Number</u>	<u>Zone</u>	<u>Use</u>	<u>Decision</u>	<u>Decision Date</u>	<u>Work</u>
11/22/2023	ZA-23-297	A1 RAILING	ZP-23-0248		(None)	Approved	12/8/2023	SITE INTERPRETATION/ CHANGE OF USE-MARINE/BOAT REPAIR. RAILING GATES AND MISC IRONWORKS, 4 EMPLOYEES. 8-6 MONDAY THRU FRIDAY
11/17/2016	993	STOUT, DOUGLAS			(None)	Denied	11/17/2016	-ZO MARINE & AUTO DETAILING INSIDE BLDG
11/5/2013	513	STOUT, DOUGLAS			(None)	Denied	11/5/2013	-ZO 6' WOOD FENCE

Open Space

There is no application data for the selected parcel.

Zoning Board Applications...

There is no application data for the selected parcel.

Unified Planning Board Applications...

There is no application data for the selected parcel.

Historic Board Applications...

There is no application data for the selected parcel.

Zoning Inspections...

There is no zoning inspections data for the selected parcel.

Zoning Violations...

There is no zoning violation data for the selected parcel.

COAH...

There is no COAH data for the selected parcel.

▼ Engineering...

▲ Code Enforcement...

Property Registration...

Tracking Number	Is Active	Type	Lender	Agent	Last Inspection	Date Expires	Date Applied	Date Removed
53	True	1-3 UNITS RENTAL PROPERTY	STOUT, DOUGLAS & WASCO, MARK D	[REDACTED]		12/31/2022	11/4/2019	

Property Information...

Address	Last Registered	Fee	Property Owner	Owner Phone	Manager	Manager Phone	Registered Landlord	Exemption	Is 2 Family	Is Owner Occupied
171/175 THERESE			STOUT, DOUGLAS & WASCO, MARK D	[REDACTED]	STOUT, DOUGLAS & WASCO, MARK D	[REDACTED]		None	False	False

Would you like to edit this properties information? [Yes](#)**Unit Information...[Expand](#)**

Unit Number	Business Description	Is Rental	Registration	Rent Control	Is Vacant	Max Occ	Occupancy	Owner Occupied	Sq Ft	Contact	Lease Start	Lease End
	BLACK TIDE MARINE	True	True	False	False	10	0	False	0	JASON JOHNSON		

Would you like to edit this properties information? [Yes](#)**Rent Controlled Unit Information...[Expand](#)**

Unit Number	Registered Since	Lease Start	Rent	Rooms	Bedrooms	Occupants	Sq Footage	Last RU	Last VAR	Last VDR	Last SRR
			0	0	0	0	0				
Totals	Count 1	0	0	0	0	0	0				

Would you like to edit this properties information? [Yes](#)**Certificate Information...[Expand](#)**

Tracking Number	Applicant	Unit	Type	Status	Last Inspection	Application Date	Issue Date	Expiration Date
3194	2017-180 JASON JOHNSON		RESIDENTIAL CERTIFICATE OF OCCUPANCY	Approved	6/3/2008	4/23/2008		

Would you like to schedule an inspection? [Yes](#)**License Information...[Expand](#)**

There is no License data for the currently selected parcel.

Units with Expire Lead Certificates...[Expand](#)

There is no Lead Certification Requirements for the currently selected parcel.

Violations...[Expand](#)

<u>Tracking #</u>	<u>Inspection</u>	<u>Follow Up</u>	<u>Issue Date</u>	<u>Infraction</u>	<u>Location</u>	<u>Status</u>	<u>Issuing Officer</u>
CVIO-20-00373			11/24/2020	12-14.4 Registration Procedure; Information Re quired		Open	Anthony Vecchio
CVIO-23-00212		<u>Follow Up</u>	5/19/2023 9:14:18 AM	302.4 Weeds		Closed	Paul Murphy

Would you like to issue a violation? Yes

Certificate or License or Registry Inspections...Expand

<u>Date & Time</u>	<u>Address</u>	<u>Address 2</u>	<u>Inspector</u>	<u>Type</u>	<u>Level</u>	<u>Result</u>	<u>Completed</u>	<u>Comments</u>	<u>Results</u>
06/03/08 10:30 AM	171/175 THERESE		Anthony Vecchio	Certificate Application	Final	None	Open	RESIDENTIAL CERTIFICATE OF OCCUPANCY Applicant: JASON JOHNSON Telephone: [REDACTED] Cell: [REDACTED] Owner: STOUT, DOUGLAS & WASCO, MARK D Telephone: [REDACTED]	

Would you like to schedule an inspection? Yes

Stand Alone Inspections...Expand

<u>Date & Time</u>	<u>Address</u>	<u>Address 2</u>	<u>Inspector</u>	<u>Type</u>	<u>Level</u>	<u>Result</u>	<u>Completed</u>	<u>Comments</u>	<u>Results</u>
05/31/23 12:00 PM	171/175 THERESE		Laurie Graham	Violation Follow-up	Final	None	Open		

Would you like to schedule an inspection? Yes

- ▼ Health Pro...
- ▼ Fire Prevention...
- ▼ Public Works...
- ▼ Attachments...
- ▼ Comments...