APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 144 Therese St Keyport

Tax Map: Block 9 Lot(s) 57

Dimensions: Frontage 40' Depth 120' Total Area _____

Zone District: RA

Location of the property is approximately 0' feet from the intersection of Therese St and Provost Ave.

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: Christina & Darren Greenberg

Address: 144 Therese St Keyport NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY EVENING same

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): Residential dwelling

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: _____

_____

_____

_____

_____ 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:*	4640	6000	
Building coverage limit:*	29	30	
Front yard setback:*	30.4	20	
Side yard setback:*	1.2' if	2' if	
Rear yard setback:*	N/A	N/A	
Roadway setback:			
Impervious coverage limit:			
Parking spaces:*	0	6	
Building height:*	22.67	30	

*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): _____

9. **OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION.**
(List specific information attached and its importance/significance to your application): _____
Looking to rebuild after total structure loss dued to fire

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

_____ day of _____, 20___

_____
NOTARY PUBLIC

X _____
SIGNATURE OF APPLICANT

Christina Greenberg
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 _____ day of _____ 20____ by and between the KEYPORT UNIFIED PLANNING BOARD (the"Board") and _____ (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: 2/13/26

X _____
SIGNATURE OF APPLICANT

Christina Greenberg
Owner's Name (Print)

Sworn to and subscribed before me this

_____ day of _____, 20___

_____
NOTARY PUBLIC

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 9 Lot 57 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 _____ Lot _____ 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

Christina Greenberg
(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 9 Lot 57 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

Christina Greenberg
(Applicant-Print Name)

FORM #4

AFFIDAVIT OF SERVICE

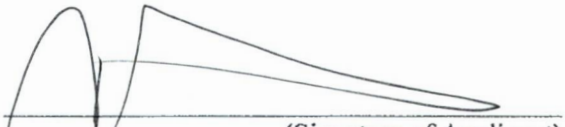
State of New Jersey :
: S
County of _____ :

_____, being of full age and duly sworn according to law, on his/her oath deposes and says that he/she resides at 149 Therese St (Street Address) in the Keyport (City) Monmouth (County) NJ (State)

And that he/she did on February 27, 2026, at least ten (10) days prior to the hearing date scheduled before the Unified Planning Board of the Borough of Keyport set for March 27, 2026, give personal notice to all property owners within 200 feet of subject property of the application known as 149 Therese St. (Street Address)

and being further known as Block 9 Lot 57 on the Tax Maps of the Borough of Keyport. Said notice was given by sending said notice by certified mail, return receipt requested. Notices were also served upon: ____ the Clerk of the Borough of Keyport, _____ the Monmouth County Planning Board, _____ Utility Companies.

A copy of the NOTICE OF PUBLIC HEARING is attached hereto, along with the CERTIFIED LIST OF PROPERTY OWNERS within 200 feet of the subject property provided to me by the Keyport Borough Tax Assessor's Office. All original CERTIFIED MAIL RECEIPTS are also attached hereto.



(Signature of Applicant)

2/13/26

(Name of Applicant – Print)

Sworn and subscribed to before me
This _____ day of _____, 20_____

_____
NOTARY PUBLIC

FORM #5

TAX PAYMENT CERTIFICATION

Pursuant to the New Jersey State Law, Chapter 174 of 1987, N.J.S.A. 40:55D-39e and N.J.S. 40:55D 65h, 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 Christina Greenberg residing at 144 Therese Ave Keyport NJ 07735 and making an application for the following relief before the Unified Planning Board of the Borough of Keyport: Variances to rebuild

Regarding property known as Block 9 Lot(s) 57 on the Tax Map of the Borough of Keyport, located at: 144 Therese St, whose owner of the record is Christina & Darren Greenberg who resides at 144 Therese St. 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: 2/13/26

(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: _____ (Tax Collector)_____

FORM #6

REQUEST FOR 200 FOOT LIST

Date: 2/13/26

I, Christina Greenberg, am requesting a 200 foot list for property at 144 Therese Ave / St J, which is located in the Borough of Keyport.

Block: 9 Lot(s) 57

When the list is completed, I would like to be contacted by:

✓ Phone: _____
_____ Fax: _____
_____ Mail: _____

List is $10.00 per Lot.

PAID BY:

_____ Cash
_____ Check