

TOWNSHIP OF WEST ORANGE APPLICATION PACKAGE PLANNING BOARD OR ZONING BOARD OF ADJUSTMENT

1. Zoning/Planning Board Application
2. Checklists:
 - "C" and "D" Applications Interpretations and Appeals
 - Major/Minor Site Plan or Subdivision (52 Items)
 - Sustainability Checklist
3. Fee Schedules
4. W-9 Form
5. Zoning Board of Adjustment Meeting Schedule
6. Planning Board & Site Plan Review Advisory Board Meeting Schedule
7. Tree Removal Application Procedure
8. Tree Removal Application Not Applicable
9. Ordinance 2436-15 Amending Chapter 25, Sections 4, 51.6, 51.7, 51.8, 51.9, 51.10, & 51.15 (Revision of Various Zoning Ordinances)
Adopted 2/10/2015
10. Ordinance 2448-15 Amending Chapter 25, Section 51.16
Adopted 5/12/2015
11. Ordinance 2464-15 Amending Chapter 25, Sections 8.4, 9.9, 9.10, & 11.10 & Chapter 32, Section 3 (Revision of Various Zoning Ordinances)
Adopted October 27, 2015

BEFORE preparing or submitting an Application, it is strongly suggested that you contact the Planning Board Secretary or Zoning Board Secretary. We will be happy to assist you or answer any questions pertaining to the filing of an application to the Planning Board (325-4111) or Zoning Board of Adjustment (325-4108).

PLEASE NOTE:

- ! The application must be typed or neatly printed.
- ! Due to Covid-19 – 5 Paper Copies + 1 Digital
emailed to PlanningBoard@westorange.org
and/or ZonningBoard@westorange.org
- ! Each application, including the original must have attached any enclosures as required.
- ! Refer to the Zoning Ordinance for all application requirements.
- ! Application fees and escrow must be submitted at the time of filing.
(If an escrow fee is required, a completed W-9 form must accompany the fees).
- ! All experts must be licensed to practice in the State of New Jersey.
- ! Any additional documents submitted after the original filing of the Application must include twenty copies total (nineteen (19) copies with one (1) original) to the Zoning Board or Planning Board and must be submitted at least 10 days before the Applicant's public meeting date.

Pursuant to Municipal Land Use Law, N.J.S.A. 40:55D-10(f), a verbatim recording of the proceedings shall be made. The Planning Board or Zoning Board of Adjustment shall furnish duplicate recording upon request from any interested party at the requesting party's expense which shall not exceed the actual cost of preparation. All transcripts which may be prepared from any such recording, whether prepared at the request of the Board or an interested party, shall be transcribed by a licensed New Jersey Court Reporter and certified in writing to be accurate.

After the Board hears the Application and renders a decision, a Resolution will be read and voted on at the next scheduled regular meeting. Upon receipt of the signed Resolution, the Applicant must submit eight (8) full size sets of final site plans, signed and sealed, to the Board Secretary for signatures. Once the Applicant receives a copy of the signed site plan, the Applicant may then apply for building permits.

**TOWNSHIP OF WEST ORANGE
APPLICATION FORM FOR THE
PLANNING BOARD OR ZONING BOARD OF ADJUSTMENT**

A. APPLICANT INFORMATION

Full Legal Name: Orange Valley Social Settlement House, Inc. T/A Valley Settlement House
Mailing Address: 33-41 ^(Last) Tompkins Street ^(First) West Orange NJ 07052
(Street) (City) (State) (Zip)
Telephone Number: (973) 678-2550 Email: mfox@vshnj.org

Is the Applicant an: ☐ Individual, ☒ Corporation, ☐ Partnership, ☐ Other _____

If the Applicant is a corporation or partnership, a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership must be attached.

Relationship of the applicant to the property: ☒ Owner, ☐ Tenant or Lessee, ☐ Purchaser under contract
(with consent of owner, ☐ Other (please specify) _____

If the applicant is not the owner of the property in question, the applicant must submit an affidavit with the owner(s) authorization to proceed with this process.

B. PROPERTY OWNER INFORMATION

☒ Check here if same as applicant. If the owner is not the applicant, please complete the following:

Owner's Name: _____
Address: _____
Telephone Number: (____) _____ Email: _____

C. PROPERTY INFORMATION

Street Address: 37 Tompkins Street, West Orange, NJ
Block Number(s): 6 ; Lot Number(s): 47 ;
Tax Plate: _____ ; Zone of Property: R-M
The location of the property is approximately _____ feet from the intersection of _____
_____ and _____ (closest intersection.)

Has there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?
☐ Yes, Date(s): _____ ; ☒ No

If yes, please attach copies of the written decisions adopted by the Board to each application.

Please attach a list of all contiguous or adjacent property owned by the applicant or owner. ☒ None

Is this property listed in "The Historic Sites Survey" prepared by Robert Guter 7/9/1992 ☐ Yes ☒ No

D. TYPE OF APPLICATION

Indicate the type of application being submitted, check all boxes that apply. Note that more than one variance may be necessary, please indicate the number of each type needed:

- 1) ☐ Interpretation of ordinance or map.
- 2) ☐ Appeal of action of Zoning Officer.
- 3) ☐ Variance "C1" Reason: ☐ shape of property; ☐ physical features; ☐ exceptional situation.
- 4) ☒ Variance "C2".
- 5) ☒ Variance "D".
- 6) ☐ Subdivision without variances: ☐ major; ☐ minor; ☐ preliminary; ☐ final; ☐ preliminary and final.
- 7) ☐ Subdivision with variances: ☐ major; ☐ minor; ☐ preliminary; ☐ final; ☐ preliminary and final.
- 8) ☒ Site Plan: ☐ preliminary; ☐ final; ☒ preliminary and final; ☒ with variances; ☐ without variances.
- 9) ☐ Amended Site Plan.
- 10) ☐ Conditional Use.
- 11) ☐ Conceptual.
- 12) ☐ Home Professional Office.
- 13) ☐ Home Occupation.
- 14) ☐ Soil Removal Permit.

Please list the specific Sections of the Ordinance for which a variance is sought. If additional space is required, please attach a list.

Section: 25-7.1 ; Proposed: childcare space/ apartment ; Description: To permit the use and building type in the R-M Zone.
Section: 25-7.1 ; Proposed: 3 st., 32'-7" ; Description: Maximum height (existing condition)
Section: 25-7.1 ; Proposed: 4.3' + 3.9' ; Description: Minimum side yard (existing condition)
Section: _____ ; Proposed: _____ ; Description: _____

E. DESCRIPTION OF PROPERTY

Existing Use of the Property -Vacant, formerly occupied as library space.

Briefly describe the major elements of your proposal: (a more detailed description is required in Section G.)

See attached addendum.

The property is 41,790 (square feet); 0.959 (acres)

Impervious Surface Coverage: Present: _____ ; Proposed: _____

Building Coverage: Present: 30.8% ; Proposed: 30.8%

Is the property located:

- | | | |
|--|------------------------------|--|
| Within 200 feet of another municipality? | ☐ Yes | ☒ No |
| Adjacent to an existing or proposed county road? | ☐ Yes | ☒ No |
| Adjacent to other county land? | ☐ Yes | ☒ No |
| Adjacent to a state highway? | ☐ Yes | ☒ No |

F. EXPERTS

The following information is respectfully requested to enable the Board to facilitate the processing of this application:

APPLICANT'S ATTORNEY: Marsha M. Moore, Esq.

Telephone Number: (973) 228 9900 x220 Email: mmoore@postpolak.com

Address: Post Polak, P.A., 425 Eagle Rock Ave, Suite 200, Roseland, NJ 07068

APPLICANT'S ENGINEER: John Inglese, AIA, PE, LEED AP

Telephone Number: (201) 893-2794 Email: j.inglese@inglese-ae.com

Address: Inglese Architecture + Engineering, 632 Pompton Ave, Cedar Grove, NJ 07009

APPLICANT'S ARCHITECT: _____

Telephone Number: () _____ Email: _____

Address: _____

APPLICANT'S PLANNER: TBD.

Telephone Number: () _____ Email: _____

Address: _____

OTHER EXPERT(S): _____

Telephone Number: () _____ Email: _____

Address: _____

If necessary, please list any additional experts below, including address, telephone number and email address.

G. REQUIREMENTS FOR VARIANCES

- 4A) Please attach a written statement labeled **"PROPOSAL"**, describe the major elements of your proposal, and describe in detail the physical and use changes proposed. **See attached.**
- 4B) Please attach a written statement labeled **"REASONS FOR RELIEF"**, which fully answers 4C-1, 4C-2 or 4D (Special Reasons) **AND** part 4E (Negative Criteria).
- 4C-1) (*For C1 variances only*) The strict application of the provisions of the Zoning Ordinance would result in the peculiar and exceptional practical difficulties or exceptional undue hardship under *N.J.S.A. 40:55D-70c(1)*. List in detail wherein this case conforms to this requirement, including, if applicable, reference to the exceptional narrowness, shallowness, or shape of the property, or the exceptional topographical conditions affecting the property which applicant contends warrants the granting of the variance.
- 4C-2) (*For C2 variances only*) State how the purposes of the Municipal Land Use Law would be advanced by a deviation from the zoning ordinance requirements and the benefits of the deviation would substantially outweigh any detriment according to *N.J.S.A. 40:55D-70c(2)*. Please list all benefits of the deviation to the Township and any adverse effects. State how the benefits of the deviation would substantially outweigh any detriment to the Township. **See attached.**
- 4D) (*For D variances only*) State the special reasons under *N.J.S.A. 40:55D-70d* affecting this property. **See attached.**
- 4E) The granting of this variance will not be substantially detrimental to the public good and will not substantially impair the intent of the zone plan and zoning ordinance. List in detail the reasons, among others, why the variance can be granted without being materially detrimental to the welfare of the community or injurious to the property or improvements of others in the neighborhood and zone.

H. PLAT SUBMISSION

- 4F) Please list all maps and other exhibits accompanying this application. Attach an additional sheet if necessary.

ITEM	SIGNED BY	DATE/REVISION
Preliminary and Final Site Plans	Inglese Architecture + Engineering	
Boundary Surveys	Pronesti Surveying, Inc.	

I. NOTICE

Applicant is responsible to publish and serve notice of this application in accordance with Zoning Board of Adjustment/Planning Board requirements; however, notice may not be served until this application is certified as complete and the administrative officer has assigned the applicant a public hearing date.

J. VERIFICATION AND AUTHORIZATION

SIGNATURE IS REQUIRED FOR ALL OF THE FOLLOWING:

APPLICANT'S VERIFICATION

I hereby certify that the above statements made by me and the information contained in the papers submitted in connection with this application are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Orange Valley Social Settlement House, Inc./TA Vaelley Settlement House

Applicant's Signature: Marcia Fox Date: 2/16/2023

By: Marcia Fox
Title: Executive Director

CONTINUANCE

Should the Planning Board/Zoning Board of Adjustment have a full and heavy agenda, or discussion and meeting regarding this application requiring carrying the matter past the statue time limit, the applicant grants permission for such an extension.

Applicant's Signature: Marcia Fox Date: 2/16/2023

OWNER'S AUTHORIZATION – MUST BE SIGNED

I hereby certify that I reside at 33 Tompkins Street
in the County of Essex and the State of New Jersey;
and that I am the owner of all that certain lot, piece or parcel of land known as Block(s) 6;
Lot(s) 47 on the Tax Map of West Orange which property is the subject of the above
application, and that said application is hereby authorized by me. Furthermore, I authorize inspection of the site
which is the subject of this application.

Orange Valley Social Settlement House, Inc. t/a Valley Settlement House

Owner's Signature: Marcia Fox Date: 2/16/2023
By: Marcia Fox
Title: Executive Director

THIS APPLICATION DOES NOT RELIEVE THE APPLICANT FROM COMPLYING WITH OTHER TOWNSHIP ORDINANCES SUCH AS THE TREE REMOVAL ORDINANCE AND OBTAINING THE NECESSARY APPROVALS AND PERMITS UNDER SUCH ORDINANCES.

ADDENDUM TO APPLICATION SECTION G REQUIREMENTS FOR VARIANCES

G.

4A) PROPOSAL:

Applicant proposes to convert the existing vacant first floor into a Child Care Center Classroom and convert the 2nd and 3rd floor into a single apartment for the complex's caretaker.

Property number of Children: 15

Staff: 2 Employees

Hours of Operation: Monday to Friday 7:30 am to 5:30 pm

4B) REASONS FOR RELIEF:

Day care centers are inherently beneficial. Applicant has met the positive criteria as the proposed use is inherently beneficial and presumptively serves the public good and promotes the general welfare. The use is educational. The Grant of the variance will allow this inherently beneficial use to meet the needs of the community. The applicant has also demonstrated the variance can be granted without detriment to the public good. Proposed use is highly comparable to the existing and surrounding areas.

The Applicant will justify the relief at the time of the hearing.

4C-2. The variances are all existing conditions. The Applicant is not exacerbating the conditions. Applicant will justify the relief at the time of the hearing.

4D) The Applicant will provide testimony justifying the relief at the time of the hearing

4E) The Applicant will provide testimony justifying the relief at the time of the hearing

DISCLOSURE STATEMENT

Name of Corporation Orange Valley Social Settlement House Inc. TA Valley Settlement House

Principal Place of Business 33-41 Tompkins Street, West Orange, NJ 07052

Incorporated in State of Newark, Jersey

NAME

ADDRESS

PERCENT OWNED (%)

Corporation is a Non Profit and does not have Shareholders.

I certify that the foregoing statements made by me are true. I am aware that if any of the going statements made by me are willfully false, I am subject to punishment

Date: 2/16/2023

Orange Valley Social Settlement House Inc. TA Valley Settlement House

By: Marcia Fox
Name: Marcia Fox
Title: Executive Director



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	THE TRUSTEES OF THE ORANGE VALLEYSOCIAL SETTLEMENT
Trade Name:	
Address:	33 41 TOMPKINS ST WEST ORANGE, NJ 07052
Certificate Number:	0391515
Effective Date:	July 01, 1966
Date of Issuance:	July 13, 2007

For Office Use Only:

20070713115628664

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: SEP 23 2015

Orange Valley Social Settlement House Inc.
33-41 Tompkins Street
West Orange, NJ 07052

Employer Identification Number:
22-1500577

Person to Contact - ID Number:

Carly Young - 0203423

Contact Telephone Number:

877-829-5500 Toll-Free

Form 990 Required:

Yes

Dear Sir or Madam:

In your letter dated August 19, 2015, you requested an updated classification on your public charity status.

In our letter dated March 1952, we determined that you were exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code; however, no specific ruling was made on your foundation classification.

Based on the information you provided, we determined you meet the requirements for classification as a public charity described in section(s) 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Accordingly, we have updated your public charity status in our records as you requested.

Since your exempt status wasn't under consideration, you continue to be classified as an organization exempt from federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party cannot rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified you of any change in your exempt status or foundation status cannot rely on this determination.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, *Compliance Guide for 501(c)(3) Public Charities*, which describes your recordkeeping, reporting, and disclosure requirements.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.

Orange Valley Social Settlement House, Inc.
22-1500577

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink, appearing to be "J. H. L.", written in a cursive style.

Director, Exempt Organizations

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. ORANGE VALLEY SOCIAL SETTLEMENT HOUSE, INC.	
2 Business name/disregarded entity name, if different from above VALLEY SETTLEMENT HOUSE	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 33-41 TOMPKINS STREET	Requester's name and address (optional)
6 City, state, and ZIP code WEST ORANGE, NEW JERSEY 07052	
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date ► 2/16/2023
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

OFFICE OF THE TAX COLLECTOR

SUSAN McCARTNEY

Mayor

KATHY LONGO

Tax Collector

Tel: (973) 325-4075

Fax: (973) 736-9182

Email: taxcollector@westorange.org

VERIFICATION OF TAXES & SEWER CHARGES PAID

DATE: 2/24/23

BLOCK: 6

LOT: 47 QUAL: _____

NAME: Orange Valley Social Settlement House, Inc

ADDRESS: 37 Tompkins ST.

TAXES PAID UNTIL: Property is TAX Exempt

2022 SEWER PAID IN FULL: YES NO

2023 SEWER NOT YET BILLED

TOWNSHIP OF WEST ORANGE
TAX COLLECTOR
66 MAIN STREET
WEST ORANGE, NJ 07052
PHONE (973) 325-4075
FAX (973) 736-9182



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