

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

A. APPLICANT INFORMATION

Full Legal Name: Washington Aja and Blair
(Last) (First)
Mailing Address: 4 Harvard Terrace, West Orange, NJ 07052
(Street) (City) (State) (Zip)
Telephone Number: (202) 413-8945 Email: ajamarce@gmail.com

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: 4 Harvard Terrace

Block Number: 41.01; Lot Number: 123

Tax Plate: _____; Zone of Property: R-1

The location of the property is approximately 50 feet from the intersection of Orange Heights Avenue and Harvard Terrace (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. X None

Is this property listed in "The Historic Sites Survey" prepared by Robert Guter 7/9/1992 X 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) X 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) X 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: The Applicants seek to operate a home occupation in an accessory structure;
Description:

E. DESCRIPTION OF PROPERTY

Existing Use of the Property

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

The applicants seek to operate a home occupation (tutoring facility) in an accessory structure on the property rather than in the principal structure as required by the Ordinance

The property is 7,500 (square feet); .17 (acres)

Impervious Surface Coverage: Present: unknown; Proposed: same; no change

Building Coverage: Present: unknown; Proposed: same; no change

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

EXPERTS

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

APPLICANT'S ATTORNEY: Alan G. Trembulak, Esq.

Telephone Number: (973) 746-7500

Email: atrembulak@montclairlaw.com

Address: 363 Bloomfield Avenue, Suite 2C, Montclair, New Jersey 07042

APPLICANT'S ENGINEER: None

APPLICANT'S ARCHITECT: None

APPLICANT'S PLANNER: George Williams, P.P., Nishuane Group

Telephone Number: (973) 809-7725

Email: nishuane@aol.com

Address: 105 Grove Street, Montclair, NJ 07042

OTHER EXPERT(S):

None

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.

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. 40:55D70c(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

4C-2)

variance.

(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

4D)

outweigh any detriment to the Township.

4E)

(For D variances only) State the special reasons under *N.J.S.A 40:55D-70d* affecting this property.

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
Survey	Morgan Engineering & Surveying	October 31, 2022

I.NOTICE

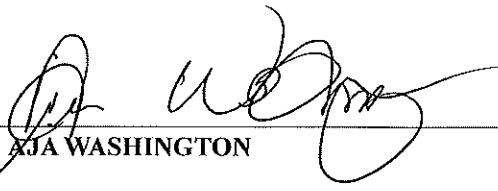
Applicant is responsible to publish and serve notice of this application in accordance with Zoning Board of Adjustment/Planning Board requirements; however, notice may not be served until this application is certified as complete and the administrative officer has assigned the applicant a public hearing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

J. VERIFICATION AND AUTHORIZATION

SIGNATURE IS REQUIRED FOR ALL OF THE FOLLOWING:

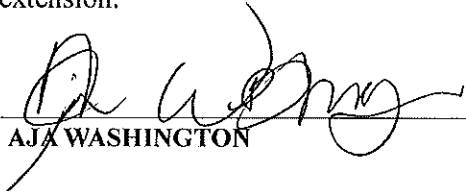
APPLICANT'S VERIFICATION

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.

Applicant's Signature:  Date: September, 2023
AJA WASHINGTON

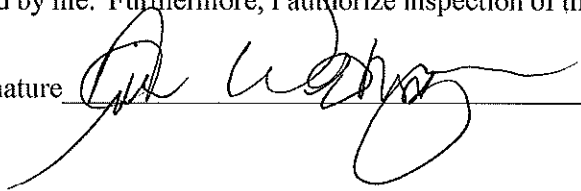
CONTINUANCE

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 statute time limit, the applicant grants permission for such an extension.

Applicant's Signature:  Date: September, 2023
AJA WASHINGTON

OWNER'S AUTHORIZATION – MUST BE SIGNED

I hereby certify that I reside at _____ maintain
in the County of _____ and the State of _____;
and that is the owner of all that certain lot, piece or parcel of land known as Block(s) _____ Lot(s) _____
on the Tax Map of _____ 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.

Owner's Signature:  Date: _____

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.