

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

A. APPLICANT INFORMATION

Full Legal Name: West Orange Board of Education
Mailing Address: 179 Eagle Rock Avenue, West Orange, NJ07052
Telephone Number: 973 (Street) 669-5400 (City) hmoore@westorangeschools.org (State) (Zip) Email: hmoore@westorangeschools.org

Is the Applicant an: ☐ Individual, ☐ Corporation, ☐ Partnership, ☐ Other non-profit corporation

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. N/A

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: 9 Manger Road, West Orange, New Jersey
Block Number(s): 172; Lot Number(s): 29.01
Tax Plate: _____; Zone of Property: R-4
The location of the property is approximately _____ feet from the intersection of _____
Ellison Avenue and Carlson Road (closest intersection.)

Has there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?

☐ Yes, Date(s): Type text here ☒ 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. **Courtesy Review under N.J.S.A. 40:55D-31.** **no variances as the Applicant is a governmental entity**
- 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. **Not applicable**

Section: _____; Proposed: _____; Description: _____
Section: _____; Proposed: _____; Description: _____
Section: _____; Proposed: _____; Description: _____
Section: _____; Proposed: _____; 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.)
new paved playground and modular building with six classrooms for pre-k

The property is **434,162.52** (square feet); **9.967 acres** (acres)

Impervious Surface Coverage: Present: **10,237 sf 2.42 ac**; Proposed: **122,362 sf (2.81 ac)**

Building Coverage: Present: **40,455 sf- .93 ac.**; Proposed: **49,398 sf (1.13 ac)**

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: Brian Chewcaskie, Esq. @ Cleary Giacobbe Alfieri Jacobs, LLC

Telephone Number: (973) 845-6700 Email: bchewcaskie@cgajlaw.com

Address: 169 Ramapo Vallley Road, Ste L-15, Oakland, NJ 07436

APPLICANT'S ENGINEER: Denis F. Keenan, P.E. @ French & Parrello Associates

Telephone Number: (908) 850-0977 Email: Enter text here

Address: 700 Grand Avenue Unit 5A, Hackettstown, NJ07840

APPLICANT'S ARCHITECT: Rodney Watkins@DiCara Rubino

Telephone Number: (973) 256-0202 Email: RWatkins@Dicararubino.com

Address: 35 Waterview Blvd, Suite 303, Parsippany, NJ 07054

APPLICANT'S PLANNER: _____

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 Not applicable

- 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. 40:55D-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.
- 4D) (For D variances only) State the special reasons under N.J.S.A 40:55D-70d affecting this property.
- 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
Site Plan	Denis Keenan of French & Parelo Assoc.	May 27, 2025
Architectural Plan	Roderick Watkins, AIA of Dicara Rubino	June 4, 2025

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: Heather Goldstein Date: 6-11-25
on behalf of Applicant, Cleary Gracobbé Altieri Jacobs
Applicant's Counsel

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: Heather Goldstein Date: 6-11-25
Cleary Gracobbé Altieri Jacobs, Applicant's Counsel

OWNER'S AUTHORIZATION - MUST BE SIGNED [same as Applicant]

I hereby certify that I reside at West Orange Board of Education
in the County of Essex and the State of NJ;
and that I am the owner of all that certain lot, piece or parcel of land known as Block(s) 172;
Lot(s) 29.0 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.

Owner's Signature: Heather Goldstein Date: 6-11-25
Cleary Gracobbé Altieri Jacobs, on behalf of Owner

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.



Permit No: _____
Date Issued: _____

Township of West Orange
Application for Tree Removal and Replacement Permit

ALL questions must be answered for the Applications to be considered COMPLETE.

Application Date: _____

This Application for a Tree Removal and Replacement Permit is made with reference to and the intent to comply with all applicable laws, rules, and regulations, including the General Revised Ordinances of the Township of West Orange.

1. Name of Applicant: West Orange Board of Education
Street Address: 179 Eagle Rock Avenue
City/State/Zip: West Orange, N.J. 07052
Home Phone: _____ Work/Cell Phone: _____
Email: tflowers@westorangeschools.org
2. Location of Property Subject to Proposed Tree Removal Activity
Street Address: 9 Manger Road, West Orange, NJ 07502
Block: 172 Lot: 29.01
3. Property Owner(s) of Record
Name of Owner: Same as Applicant
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Email: _____
4. Status of Applicant (Check One)
☐ Tenant ☒ Owner ☐ Contract Purchaser ☐ Other: _____
If the Applicant is not the owner, attach hereto the notarized consent of the owner.
5. Has this property been the subject of an application and/or otherwise involved in a matter before the West Orange Planning Board and/or Board of Adjustment?
Yes ☐ No ☒ If yes, please state the dates and action taken or pending, identify the Township Agency who or is handling the matter, and enclose a copy of the resolution conserved by the Agency, if applicable: _____
6. Has the property received a construction permit and/or is there a construction permit pending?
Yes ☐ No ☒ If yes, please state the reason for and the date of application or the date of the issuance of the permit: _____

Permit No: _____
Date Issued: _____

7. Describe or attach the landscaping replacement planting plan, if applicable, including the number, size and species of trees to be replaced. Attach additional sheets if necessary: to be provided

8. Describe or attach grading plan if more than six (6) inches of soil will be removed or added within the drip line of a tree or trees on the site:
to be provided if trees are to be removed

9. Map, drawing or diagram must be attached hereto. List the names, address, phone number and email of the preparer of the map drawing or diagram attached:
to be provided if trees are to be removed

10. List the number, species, and diameter of each tree to be removed: to be provided if trees are to be removed

11. State reason for tree removal: _____

12. Identify contractor who will be providing tree removal services:
to be provided if trees are to be removed

Name: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Cell Phone: _____

Email: _____

13. Proposed dated to commence tree removal: _____

Proposed dated to complete tree removal: _____

It is understood that the undersigned may be subject to statutory penalties for each violation of the terms and conditions of the West Orange Tree Preservation, Removal and Replacement Ordinance. The undersigned agrees to post a copy of the Tree Removal Permit on the site and to present a copy for review upon request.

Heather Goldstein

Applicant's Signature

Heather Goldstein

Print Name Legibly

6-11-25

Date

Attorney for Applicant
at Cleary Gaudin Afrer Jacobs