

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

A. APPLICANT INFORMATION

Full Legal Name: HUTTON PARK PROFESSIONAL BLDG, INC
(Last) (First)

Mailing Address: 7 HUTTON AVE. WEST ORANGE, NJ. 07052
(Street) (City) (State) (Zip)

Telephone Number: (978) 650-3764 Email: JO SRUISANIGLO @ CARING JON. 87. CPM

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. MARK HENDRICKS 100%

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: 7 HUTTON AVE.

Block Number(s): 78.01; Lot Number(s): 1

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

The location of the property is approximately 0 feet from the intersection of HUTTON AVE
and NORTHFIELD AVE (closest intersection.)

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

☐ Yes, Date(s): N/A; ☐ 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: _____; Proposed: _____; Description: _____

Section: _____; Proposed: _____; Description: _____

Section: _____; Proposed: _____; Description: _____

Section: _____; Proposed: _____; Description: _____

E. DESCRIPTION OF PROPERTY

Existing Use of the Property PROFESSIONAL OFFICE

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

Convert OFFICE to residential USE.

The property is 14,425 (square feet); _____ (acres)

Impervious Surface Coverage: Present: 77.7 %; Proposed: same

Building Coverage: Present: 15.3 %; Proposed: same

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: JALINO J. RUSSONIELLO

Telephone Number: (973) 650-3764 Email: J.RUSSONIELLO@CAPLAWFIRM.COM

Address: 60 RT. 46 EAST, FAIRFIELD, NJ. 07004

APPLICANT'S ENGINEER: ANTHONY MARUCCI, P.E., L.S.

Telephone Number: (973) 887-3066 Email: _____

Address: 116 WHIPPANY ROAD, WHIPPANY, NJ. 07981

APPLICANT'S ARCHITECT: TOMASZ BONA, P.A.

Telephone Number: (201) 525 9539 Email: _____

Address: _____

APPLICANT'S PLANNER: ANTHONY MARUCCI, SEE 2 BOX

Telephone Number: () 5 Email: _____

Address: _____

OTHER EXPERT(S): N/A

Telephone Number: () _____ Email: _____

Address: _____

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

N/A

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 ATTACHMENT)*
- 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. *SEE ATTACHMENT*
- 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
20 SITE PLANS	ANTHONY MANUECCHI, P.E.	3/02/21
20 ARCHITECTURAL PLANS	TOMASZ BOND, P.A.	4/17/21

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: _____

4/28/21

STEVEN J. RUSSELL, ESQ.

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: _____

4/28/21

STEVEN J. RUSSELL, ESQ.

OWNER'S AUTHORIZATION - MUST BE SIGNED

I hereby certify that I reside at _____
in the County of _____ and the State of _____;
and that I am the owner of all that certain lot, piece or parcel of land known as Block(s) 78.01;
Lot(s) 1 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: _____

4/28/21

Attorney For Owner, Mark Newman

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.

PROPOSAL AND REASONS FOR RELIEF

Applicant / OWNER MARK HENDRICKS

proposer to convert office space on
2nd floor into 2 one bedroom units
and one bedroom unit on 3rd floor

Applicant requests site plan approval
and "D" or use variance approval to
convert same from solely an office
building as set forth in plans
submitted

Applicant submits that special reasons
exist in support of this appeal since
all changes shall be interior only

Applicant / owner will provide expert
testimony to establish special reasons
required by N.T.S.A 40:55D-706(1).