

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

A. APPLICANT INFORMATION.

Full Legal Name: West Orange Senior Housing, LLC
(Last) (First)

Mailing Address: 1 Parker Plaza Fort Lee NJ 07024
(Street) (City) (State) (Zip)

Telephone Number: (201) 886-7800 Email: jalpert884@aol.com

Is the Applicant an: ☐ Individual ☐ Corporation ☐ Partnership ☒ Other LLC

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) Designated Redeveloper

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: Township of West Orange

Address: 66 Main Street, West Orange, N.J. 07052

Telephone No.: (973) 325-4050 Email: _____

C. PROPERTY INFORMATION.

Street Address: 46 Mount Pleasant Avenue

Block Number(s): 68 Lot Number(s): 1

Tax Plate: _____ Zone of property: R-G

The location of the property is approximately 300 feet from the intersection of Mount Pleasant Avenue and Main Street (closest intersection)

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

☐ xYes, Date(s) Courtesy review of senior housing project – Resolution August 7, 2019
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. X-Courtesy Review N.J.S.A. 40:55D-31

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

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

Subdivision of lot for sixty-five unit senior housing project

The property is 63,578 (Square feet): 1.47 (acres)

Impervious Surface Coverage: Present _____; Proposed _____

Building Coverage: Present _____; Proposed _____

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: William C. Sullivan, Jr., Esq., Scarinci & Hollenbeck, LLC

Telephone Number: (201) 896-4100 Email: wsullivan@sh-law.com

Address: 1100 Valley Brook Avenue, Lyndhurst, NJ 07071

APPLICANT'S ENGINEER: _____

Telephone Number: _____ Email: _____

Address: _____

APPLICANT'S ARCHITECT: _____

Telephone Number: _____ Email: _____

Address: _____

APPLICANT'S PLANNER:

Telephone Number: _____ Email: _____

Address: _____

OTHER EXPERTS: SURVEYOR: Suzanne Warren, P.L.S., MidAtlantic Engineering _____

Telephone Number: 609-910-4450 Email: _____

Address: _____ Gateway 195 Centre, Suite 200, Hamilton, NJ 08691 _____

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. 40:55D-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.

ITEM	SIGNED BY	DATE/REVISION
Technical Subdivision and Right of Way Vacation Plan	Suzanne L. Warren, P.L.S.	July 11, 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 office has assigned the applicant a public hearing date.

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: _____

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: _____

OWNERS AUTHORIZATION - MUST BE SIGNED

I hereby certify that I reside at 1 Parker Plaza, Fort Lee in the County of Bergen 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) 68_Lot(s) 1 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.

Applicant's
Signature: _____ Date: _____

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