TOWNSHIP OF DELRAN
MUNICIPAL BUILDING
900 Chester Avenue
Delran, New Jersey 08075

APPLICATION FOR RELIEF
BEFORE THE ZONING BOARD OF ADJUSTMENT

***Applications will not be scheduled for a public hearing before the board until the application and supporting documentation has been deemed complete by the board's professional staff.
***Action will be conditioned upon current payment of all municipal taxes, assessments, application and review fees.
***It is the responsibility of the applicant to mail or deliver copies of this application and all supporting documents to the Zoning Board Solicitor, Delran Fire Official and (if a sign variance, use variance, subdivision or site plan approval is sought) the Zoning Board Engineer and Planner for their review at the same time that it is filed with the Board. Necessary addresses are attached at the end of this form. Application and escrow fees must be paid before the application can be reviewed or otherwise considered.
***Any application for a use variance, site plan or subdivision is required to submit copies of all required items contained in the submission requirements checklist adopted by Delran Township in addition to the completed application forms. A copy of the submission requirements checklist may be obtained from the Board's Secretary or by download from the township website.
Failure to comply or fully complete the application may result in it being deemed incomplete, not being heard or denied.

TO BE COMPLETED BY TOWNSHIP STAFF ONLY

Date Filed: 8/3/21 Application # ZN2021-05

Application Fees: 500.- Escrow Fees 1250.-

Scheduled for Complete Hearing 9/16/21

1. DESCRIPTION OF PROPERTY

Address: 69 Hartford Road, Delran, New Jersey

Tax Map: Page _____ Block 120 Lot 38.01

Page _____ Block _____ Lot _____

Dimensions: Width 105.03' Depth 990' Area 397,413.46 = 9.12 acres

Zoning District (designation and description) A1

2. APPLICANT

Name: 69 Hartford Road, LLC

Address: 22 Waters Edge Drive
Delran, New Jersey

Telephone Number: 609-502-7343 Fax Number: _____

Email: jd@gardenstateloans.com

Delran Township
Received
AUG 03 2021
Zoning Board
File # ZN2021-05

3. DISCLOSURE STATEMENT

Applicant is a: Corporation Partnership Individual LLC

Pursuant to NJSA 40:55D-48.1 the names and addresses of all persons owning ten (10) percent or more of the stock in a corporate application or a ten (10) percent or greater interest in any partnership applicant must be disclosed. In accordance with NJSA 40:55D-48.2 that disclosure requirement applies to any corporation or partnership which owns a ten (10) percent or greater interest in the applicant followed up the chain of ownership until the names and addresses of the individual owners equaling or exceeding this limit are disclosed. (Attach additional pages as necessary).

NAME: Justin DeJoseph ADDRESS 22 Waters Edge Dr. Delran INTEREST 100

NAME: _____ ADDRESS _____ INTEREST _____

NAME: _____ ADDRESS _____ INTEREST _____

4. OWNER

If the owner is other than the applicant, the following information must be provided:

Owner's Name: William C. Roop, Jr.

Address: 1837 Raintree Lane, Venice, FL

c/o Jeffrey Snow, Esq., 329 Delaware Ave., Riverside, NJ

Telephone # _____ Fax # _____

5. PROPERTY AND DEVELOPMENT INFORMATION

A. Restrictions, covenants, easements, association by-laws, existing or proposed on the subject property:

YES (attach copies) Title attached NO _____ PROPOSED _____

NOTE: All deed restrictions, covenants, easements, association by-laws and the like must be submitted for review and written in easily understood English in order to be approved.

B. Present use of premises: Farming

C. Details description of the nature of the application including all proposed uses (attach additional sheets as necessary):

See attached statement

		YES	NO
D.	Is public water line available?	X	
E.	Is a septic system proposed?		X
F.	Are any off-tract improvements required or proposed?		X

6. APPLICANT'S PROFESSIONALS: Please list on Schedule "A"

7. REQUEST FOR APPROVAL OR RELIEF

_____ Direct issuance of permit for a structure in the bed of a mapped street, public drainage way, or flood control basin (NJSA 40:55D-34)

_____ Direct issuance of permit for a structure on a lot not abutting a street (NJSA 40:55D-36)

_____ Certificate of non-conforming use (NJSA 40:55D-68)

_____ Appeal of administrative decision (NJSA 40:55D-70A)

_____ Request for interpretation/question (NJSA 40:55D-70B)

_____ Variance relief (hardship) (NJSA 40:55D-70C (1))

_____ Variance relief (substantial benefit) (NJSA 40:55D-70C (2))

__X__ Variance relief (use) (NJSA 40:55D-70D)

8. ADDITIONAL RELIEF REQURESTED: If subdivision or site plan approval is also being Sought, please complete schedule "B"

9. SUPPORTING DOCUMENTATION: List on schedule "C"

10. PUBLIC NOTICE AND CERTIFICATION AS TO TAXES PAID

Attach a copy of the Public Notice to appear in the official newspaper of the municipality and to be delivered to the owners of all real property, as shown on the current tax duplicate, located within the State within 200 feet of the outbound property line of the subject property. Notice to other agencies such as the County of Burlington and State Department of Transportation may also be required. The notice should specifically describe the parcel and the relief sought. This notice is jurisdictional. Failure to give proper notice **at least 10 days prior to the date scheduled for the hearing** will result in the application not being heard. An affidavit of service on all persons entitled to notice and a proof of publication must be filed before the application is complete and ready for hearing. In addition the applicant must provide a current certification from the municipal Tax Collector that all taxes and assessments due with respect to the subject property have been paid and are current.

11. OTHER REQUIRED APPROVALS (Please complete in full)

	YES	NO
Delran Sewer Department	X	
NJ American Water Company	X	
Delran Fire Marshall	X	
Burlington County Health Department		
Burlington County Planning Board		
NJ Council on Affordable Housing		
NJ Department of Environmental Protection		
Sewer Extension		
Sewer Connection Permit		
Stream Encroachment Permit		
Waterfront Development Permit		
Freshwater Wetlands	X	
Potable Water Construction Permit	X	
Other (Specify)_____		
Other (Specify)_____		
Public Service Electric & Gas Co.	X	
Other (Specify)_____		
Other (Specify)_____		

Please note: It is the applicant's responsibility to obtain any necessary approvals from all agencies having jurisdiction in this matter. Any approval given by the Zoning Board does not negate any necessary approvals, which may be required by any other agency.

CERTIFICATIONS

APPLICANT'S CERTIFICATION

I certify that the statements made in this application, attachments and materials submitted are true. I further certify that I am (check description):

_____ The individual applicant.

_____ A general partner of the partnership applicant.

_____ A duly authorized officer of the corporate applicant.

XX Sole Member of A Limited Liability Company

Name: _____

Position: _____

Signature: _____

Sworn to and subscribed before me

This _____ day of _____, 20___.

_____

NOTARY PUBLIC

OWNER'S CERTIFICATION

I certify that I am the Owner or authorized representative of the owner of the property which is the subject of this application, that I have authorized the applicant to make this application, and that I agree to be bound by the application, representations and decisions the Board in the same manner as if I were the applicant. I further certify that I am (check description):

__X__ The individual owner.

_____ A co-owner with authority to bind other owners.

_____ A general partner of the partnership owner.

_____ A duly authorized officer of the corporate owner.

Name: William C. Roop, Jr. Janet C. Roop

Position: Owners

Signature: William C. Roop Jr. Janet C Roop

Sworn to and subscribed before me

This 22 day of July, 2021

_____

NOTARY PUBLIC

SUZANNE ROBINSON

Suzanne C. Robinson
Notary Public
State of Florida
My Commission Expires 05/16/2022
Commission No. GG 189877

SCHEDULE "A"

A-1 Attorney: Alan H. Ettenson, Esq.
Address: PO Box 237, Moorestown, NJ 08057

Telephone: 856-235-1234
Fax: Email: ettenson@tesalaw.com

A-2 Engineer: Robert Stout, Stout & Caldwell
Address: 705 US RT 130, Cinnaminson, NJ 08077

Telephone: 856-786-7202
Fax: Email: rrs@stoutcaldwell.com

A-3 Planner: Tiffany Morrisey
Address: 7 Equestrian Dr.
Galloway, NJ 08203
Telephone: 856-912-4415
Fax: Email: tamorrisey@comcast.net

A-4 Traffic Engineer: Nathan B. Mosley
Address: Shropshire Associates, LLC
277 White Horse Pike, Atco, NJ
Telephone: 609-714-0400
Fax: Email: nmosley@sallc.org

A-5 Architect:
Address:

Telephone:
Fax: Email:

A-6 Other Expert (List any other expert who will submit a report or testify on behalf of the applicant. Attach additional sheets as necessary).

Field of Expertise: Name:
Address:

Telephone:
Fax: Email:

SCHEDULE "B"

NOTE: Relief set forth below is available from the Zoning Board only when sought together with an application under NJSA 40:55D-70D (use variance). See NJSA 40:55D-70B.

B-1 SUBDIVISION:

_____ Minor Subdivision Approval

_____ Major Subdivision Approval (Preliminary)

_____ Major Subdivision Approval (Final)

Number of lots to be created (including remainder lot) _____

Number of proposed dwelling units (if applicable) _____

Is the subdivision to be filed by deed or plat? _____

Have any proposed new lots been reviewed with the Tax Assessor for appropriate lot and block numbers? _____

What form of security does the applicant propose as a performance and maintenance guarantee? _____

B-2 SITE PLAN:

_____ Minor site plan approval

_____ Preliminary site plan approval

_____ Phases (if applicable)

_____ Final site plan approval

_____ Phases (if applicable)

_____ Amendment or revision to approved site plan

_____ Exception or waiver from site plan review requirements

Reason for request:_____

_____

_____

_____

Area to be disturbed (in square feet or acreage) _____

Number of proposed dwelling units (if applicable) _____

What form of security does the applicant propose as a performance or maintenance guarantee? _____

Existing number of employees:_____

Number of additional employees with proposal:_____

Hours of operation:_____

B-3 ORDINANCE SECTIONS FROM WHICH RELIEF IS REQUIRED

Relief is requested from the following ordinance requirements (be specific):

The property is in the A1 agricultural zone. Applicanta requests relief from provisions of Section 355-10 to allow the use of the property as an athletic facility as more particularly described in the business plan attached.

B-4 WAIVERS FROM DEVELOPMENT STANDARDS OR SUBMISSION REQUIREMENTS:

Relief is requested from the following development standards or submission requirements:

B-5 I certify that I have read and understand the attached list of rules and adopted policies (adopted February 17, 2009) of the Delran Zoning Board and agree to be bound by those adopted policies.

7/29/2021
Date

Applicant's Signature

7/29/2021
Date

Witness

B-6 Applicant shall provide a written statement prepared by a Professional Planner listing and supporting the hardship or special reasons as to why the requested variances should be granted.

SCHEDULE "C"

List below all maps, reports and other documentation submitted in support of this application (attached additional pages as required).

Quantity	Description
5	Use variance plan

DELRAN TOWNSHIP
ESCROW AGREEMENT

I understand that the sum of $ 1,250. has been deposited in the escrow account in accordance with the Ordinance of the Township of Delran. This account has been established to cover the cost of professional services (including but not limited to legal, engineering, planning and other expenses) associated with the review of the application and related materials, consideration of the application, decision with respect to the application, and the memorialization and publication of the decision.

Sums not utilized in this process will be returned to the applicant, however, the applicant must send written notice by certified mail to the chief financial officer of the municipality and the approving authority, and to the relevant municipal professionals, that the application or the improvements, as the case may be, are completed. After the receipt of such notice, the professional shall render a final bill to the chief financial officer of the municipality within 30 days, and shall send a copy simultaneously to the applicant. The chief financial officer of the municipality shall render a written final accounting to the applicant on the uses to which the deposit was put within 45 days of receipt of the final bill. Any balances remaining in the deposit or escrow account, including interest in accordance with section 1 of P.L. 1985,c. 315 (c.40:55D-53.1), shall be refunded to the developer along with the final accounting.

Should additional funds be deemed necessary, I understand that I will be notified of the required additional amount and shall add this sum to the escrow account within fifteen (15) days of the notice.

Furthermore, all applicants will receive a monthly statement from the financial institution to which the escrow money was deposited.

I further understand that, upon written request, I am entitled to receive a statement of charges paid from the account and the basis for those charges. If the applicant has any objection, dispute or exception to any charge, the applicant should notify in writing the governing body with copies to the chief financial officer, the approving authority and the professional with 45 days from receipt of the informational copy of the professionals voucher, in accordance with 40:55D-53.2a.

I further understand that failure to pay the reasonable costs of the review of application will result in the delay of the receipt of the final approvals and permits until such payment is made.

7/29/2021
Date

JD
Signature

Member
Position

Justin DeJoseph
Name

Address to send all account correspondence to:

Tax I.D. or Social Security #: 87-1912700

For official use only

Block 120 Lot 38.01 File # ZN2021-05

Township of Delran
Department of Community Development
Planning & Zoning Division
900 Chester Avenue
Delran, NJ 08075-9703
Telephone: (856) 461-8542
Fax: (856) 461-1147

PROPERTY TAX CERTIFICATION

TO: Kathy Phillips, Secretary
Planning & Zoning Boards

FROM: Delran Township Tax Collector

RE: Block 120

Lot(s) 38.01

Street Address 69 Hartford Rd.

Property Owner William & Colleen Roop

Please be advised that the property taxes for the above referenced property are:

XX Current

____ Delinquent (Amount: $_____)

Jennifer Johns
(Signature)

7/26/2021
(Date)

DELRAN TOWNSHIP
PROPERTY ADDRESS CERTIFICATION

All applications, which include a subdivision, a site plan for a new building or a new home, must submit a property address certification from the Delran Township Tax Assessor at the time of filing.

Applicant's Name 69 HARTFORD ROAD, LLC

Proposed Block #	Proposed Lot #	Proposed Address
120	38.01	69 Hartford Rd.

I hereby certify that the above properties are acceptable as the Delran Township Tax Certification. Certification by this office does not negate the approval of Post Office or the Burlington County 911 office.

Karen Davis, Tax Assessor
Tax

8/2/21
Date

Form **W-9**
(Rev. March 1994)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do NOT send to the IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)
64 HART TORD ROADS LLC

Business name (Sole proprietors see instructions on page 2.)

Please check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

Address (number, street, and apt. or suite no.)
22 WATERS Edge Drive

City, state, and ZIP code
Bellmawr, NJ 08075

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How To Get a TIN** below.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

OR

Employer identification number
87-1191121 7010

Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

▶

Part III 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 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.

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 of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the 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. (Also see **Part III Instructions** on page 2.)

Sign Here Signature ▶ X Date ▶ 7/29/21

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What Is Backup Withholding?—Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
5. You do not certify your TIN. See the Part III Instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate **Instructions for the Requester of Form W-9.**

How To Get a TIN.—If you do not have a TIN, apply for one immediately. To apply, get **Form SS-5,** Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or **Form SS-4,** Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

Cat. No. 10231X

Form **W-9** (Rev. 3-94)