

**OCEANPORT PLANNING BOARD
LAND USE DEVELOPMENT APPLICATION**



FOR OFFICIAL USE ONLY

Date Filed: _____	Application # <u>PB 2022-27</u>
Application Fee: _____	Location (Address): <u>Main St / Stephenson Ave.</u>
Escrow Fee: _____	Block: <u>110.18</u> Lot: <u>1</u>
Date Deemed Complete: _____	Zone District: <u>R1</u>

Application is hereby made for:

☐ SUBDIVISION ☐ Concept Plan ☐ Minor ☐ Preliminary Major ☐ Final Major	☒ SITE PLAN ☐ Concept Plan ☐ Minor ☒ Preliminary Major ☒ Final Major (Single & 2-Family Exempt)	☐ VARIANCE/APPEAL ☐ Bulk Variance(s) ☐ Use Variance(s) ☐ Interpretation ☐ Appeal of Administrative Officer
☐ INFORMAL HEARING	☐ AMENDED APPROVAL	☐ CONDITIONAL USE
☐ SPECIAL MEETING	☐ EXTENSION/RE-APPROVAL	☐ CERTIFICATE OF PRE-EXISTING, NON-CONFORMING USE

SUBDIVISION: Total number of lots: <u>n/a</u>	SITE PLANS: Total Area of Site: <u>160,659</u> sq. ft. / <u>3.688</u> acres Total Area of all floors of buildings: _____ sq. ft. Total number of parking spaces provided: <u>81</u>
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☐ **ATTACH COMPLETED CHECKLIST FOR DETERMINATION OF COMPLETENESS**

I. APPLICANT:

Name: Signal Point, LP
 Address: 77 Park Street, Montclair, New Jersey 07042-2962
 Telephone Number: 973.744.5410
 Email Address: salfieri@cgajlaw.com

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

II. The Applicant is a: Corporation ☐ Partnership ☐
 Individual ☐ Other (please specify) ☒ Limited Partnership

III. If the applicant is a Corporation or a Partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the Corporation or Partnership using the provided form.

IV. The relationship of the Applicant to the property in question is:
Owner _____ Lessee _____ Contract Purchaser XX Other (please specify) _____

V. **OWNER:**
Name: Fort Monmouth Economic Revitalization Authority (FMERA)
Address: P.O. Box 267, Oceanport, NJ
Telephone Number: 7327206350
Email Address: FMERAinfo@njeda.com

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

VI. **APPLICANT'S ATTORNEY (if any):**
Name: Salvatore Alfieri, Esq.
Address: 955 Route 34 ; Suite 200, Matawan, NJ 07747
Telephone Number: 7325837474
Email Address: salfieri@cgajlaw.com

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

VII. **APPLICANT'S ENGINEER/SURVEYOR:**
Name: Kevin E. Shelly, PE
Address: 1985 Highway 34, Suite A7, Wall, NJ 07719
Telephone Number: 732-924-8100
Email Address: Kekshelly@shorepointengineering.com

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

VIII. **APPLICANT'S ARCHITECT (if any):**
Name: Inglese Architecture + Engineering
Address: 632 Pompton Avenue Cedar Grove, NJ 07009
Telephone Number: 201.438.0081
Email Address: info@inglese-ae.com

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

IX. **Other experts who will submit a report or testify for the Applicant:**
Name/License # _____
Address: _____
Phone Number: _____
Email Address: _____

(by providing an email address you agree to receive communications from the Board and its representatives by this format).

X. Description of present use of the premises. two (2) story buildings and parking area.

XI. Purpose of application and detailed description of proposed improvements, development, change in use, etc. Attach Rider if additional space is necessary. convert existing building into apartment units and construct townhouses with ancillary parking area

XII. List the specific zoning regulations for which appeal or variance relief is sought, and the nature and extent of the specific variances. (Ex. Side yard setback of 9', where 10' permitted)

no variances

XIII. If the application seeks use variance relief, state the "special reasons" as that term is defined under the Municipal Land Use Law, to justify the granting of use variance relief pursuant to N.J.S.A. 40:55D-70d. Attach Rider if additional space is necessary.

n/a

XIV. State whether the applicant owns or has under contract for purchase, an adjoining property. If so, set forth the block and lot number and street address of the property.

contract-purchaser

XV. State what efforts have been made to obtain the result you wish to accomplish without violating the Zoning Ordinance (i.e., relocation of planned construction, purchase of additional land, etc.)

n/a

XVI. The location of the property is approximately zero feet from the intersection of Main Street _____ and Stephenson Ave _____.

XVII. Is the subject property located on a:

_____ County Rd _____ State Rd OR xxx within 200' of a Municipal boundary

XVIII. Are there any existing or proposed deed restrictions, easements, rights-of-way or other dedications? xxx No _____ Yes (If yes, attach a copy)

FOR SITE PLAN REVIEW ONLY:

1. Acreage of the entire site is: 3.7 acres

2. Type of Proposal is:

☒ New structure	_____ Expanded Area
☒ Improved Parking Area	_____ Alteration to Structure
_____ Expansion of Structure	_____ Change of Use
_____ Sign	

3. The name of the business or activity (if any): Nurses Quarters

IMPROVEMENTS: List all proposed on site utilities and off-tract improvements:

proposed stormwater basin, sidewalks, new townhouses, and additional parking area
trash enclosure; new fencing; outdoor amenities

PLAT SUBMISSION: List maps and other exhibits accompanying this application

(1) preliminary and final major site plan prepared by Shore Point Engineering

(2) architectural floor layout and elevations prepared by Inglese Architecture + Engineering

AUTHORIZATION AND VERIFICATION

I certify that the foregoing statement(s), materials submitted and information contained in this application are true. I further certify that I am (a) the individual applicant, or (b) that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or (c) that I am a general partner of the partnership applicant. (If the applicant is a corporation this must be signed by an authorized corporate officer. If applicant is a partnership, this must be signed by a general partner).

10/25/2022
Date

Applicant Edward G. Martoglio

Date

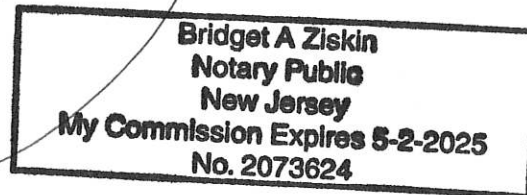
Applicant

Sworn and subscribed to before me this

25th day of October, 20 22.

Bridget A. Ziskin

Notary Public of New Jersey
(Affix stamp and seal)



STATEMENT OF LANDOWNER WHERE APPLICANT IS NOT LANDOWNER

I certify that I am 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, the representations made and the decision in the same manner as if I were the applicant. (If the owner is a corporation this must be signed by an authorized corporate officer. If owner is a partnership, this must be signed by a general partner).

Date

Property Owner's Signature

Notary Public of New Jersey

FORT MONMOUTH ECONOMIC REVITALIZATION AUTHORITY
Print Name of Property Owner

Sworn and subscribed to before me this

_____ day of _____, 20 ____.

Notary Public of New Jersey
(Affix stamp and seal)

AUTHORIZATION AND VERIFICATION

I certify that the foregoing statement(s), materials submitted and information contained in this application are true. I further certify that I am (a) the individual applicant, or (b) that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or (c) that I am a general partner of the partnership applicant. (If the applicant is a corporation this must be signed by an authorized corporate officer. If applicant is a partnership, this must be signed by a general partner).

10/25/2022
Date

Applicant

Edward G. Martoglio

Date

Applicant

Sworn and subscribed to before me this

25th day of October, 20 22

Bridget A. Ziskin

Notary Public of New Jersey
(Affix stamp and seal)

Bridget A Ziskin
Notary Public
New Jersey
My Commission Expires 5-2-2025
No. 2073624

STATEMENT OF LANDOWNER WHERE APPLICANT IS NOT LANDOWNER

I certify that I am 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, the representations made and the decision in the same manner as if I were the applicant. (If the owner is a corporation this must be signed by an authorized corporate officer. If owner is a partnership, this must be signed by a general partner).

November 4, 2022
Date

[Signature]
Property Owner's Signature

Regina McGrade
Notary Public of New Jersey

FORT MONMOUTH ECONOMIC REVITALIZATION AUTHORITY
Print Name of Property Owner

Sworn and subscribed to before me this

4th day of November, 20 22

Regina McGrade
Notary Public of New Jersey
(Affix stamp and seal)

Regina McGrade
Notary Public
New Jersey
My Commission Expires March 8, 2023
No. 2430957

Borough of Oceanport - Planning Board Tax and Assessment Payment Report

Under provisions of New Jersey Statutes, N.J.S.A. 40:55D-39C and N.J.S.A. 40:55D-65h, an applicant for development of land must submit proof that no taxes or assessments for local improvements or local taxes are due or delinquent on the property stated below.

Applicant will complete Section I of this form and submit to the Tax Collector for verification that no delinquent taxes or assessments are due. The completed form is to be submitted with the application for development.

SECTION I - Completed by Applicant

I, Signal Point, LP of 77 Park Street, Montclair, NJ 07042
(name) (address)

am making an application to the Planning Board for the preliminary and final major site plan
_____ of

BLOCK(s): 110.18
LOT(s): 1
Street Address: n/a
Owner of Record: Fort Monmouth

I, therefore, request the Tax Collector to determine whether there are any delinquent taxes and/or assessments due.

Date October 25, 2022 Applicant's Signature Edward G. Martoglio

SECTION II - Completed by Tax Collector

This is to certify that all taxes and assessments for local improvements have been paid, and that no taxes or assessments for local improvements are due or delinquent as to the premises which are the subject of the application for development as of the date indicated below.

Tax Collector or Authorized Signature

Date of Certification

Certification Expiration Date

Ownership Disclosure Certification for Business Entity

☒ I certify that the list below contains the names and home addresses of all owners of the issued and outstanding stock of the undersigned. ☐

Check the box that represents the type of business entity:

- ☐ Partnership ☐ Subchapter S Corporation ☒ Limited Partnership
☐ Corporation ☐ Limited Liability Corporation
☐ Sole Proprietorship ☐ Limited Liability Partnership

Name of Stock or Shareholder	Home Address
RPM Partners LXI, L.L.C.	77 Park Street, Montclair, New Jersey 07042-2962
	[RPM Partners LXI, L.L.C. solely owned by Edward G. Martoglio]

Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Signal Point LP

Print Name: Edward G. Martoglio Date: October 25, 2022

Signed: _____ Title: Managing Member

Subscribed and sworn before me this 25th day of October, 2022.

State of New Jersey

County of Essex

Bridget A. Ziskin
(Notary)

My Commission Expires:

(SEAL)

Bridget A Ziskin
Notary Public
New Jersey
My Commission Expires 5-2-2025
No. 2073624