OCEANPORT PLANNING BOARD
LAND USE DEVELOPMENT APPLICATION

FOR OFFICIAL USE ONLY

Date Filed: _____	Application # PB2023-15
Application Fee: _____	Location (Address): 79 Iroquois Avenue
Escrow Fee: _____	Block: 10 Lot: 20.03
Date Deemed Complete: _____	Zone District: R-3

Application is hereby made for:

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

SUBDIVISION:
Total number of lots: 1

SITE PLANS:
Total Area of Site: 13,000 sq. ft. / 0.298 acres
Total Area of all floors of buildings: 3,600 sq. ft.
Total number of parking spaces provided: 4

(✓) ATTACH COMPLETED CHECKLIST FOR DETERMINATION OF COMPLETENESS

I. **APPLICANT**:

Name: Ana Pierce

Address: 79 Iroquois Avenue, Oceanport, NJ 07757

Telephone Number: _____

Email Address: _____

(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) [ ]

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 X Lessee _____ Contract Purchaser _____ Other *(please specify)* ____

V. **OWNER**:

Name: Ana Pierce

Address: 79 Iroquois Avenue, Oceanport, NJ 07757

Telephone Number: _____

Email Address: AFannin_@hotmail.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: _____

Address: _____

Telephone Number: _____

Email Address: _____

(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: InSite Engineering, LLC (Douglas D. Clelland, PE)

Address: 1955 Route 34, Suite 1A, Wall, NJ 07719

Telephone Number: (732) 531-7100

Email Address: doug@insiteeng.net

(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: _____

Address: _____

Telephone Number: _____

Email Address: _____

(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. Single-Family Home

XI. Purpose of application and detailed description of proposed improvements, development, change in use, etc. Attach Rider if additional space is necessary. The applicant is seeking approval to construct a 4' walkway, paver patio, landing and wood burning fireplace in rear.

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) Maximum Impervious Coverage of 45.99% where 44.28% exists and 37% is permitted.

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.
NA

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.
The applicant does not own or have a contract to purchase an adjoining property.

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.)
Constrained by existing dwelling, rear property line and existing landscaping.

XVI. The location of the property is approximately 524 feet from the intersection of Iroquois Avenue and Shrewsbury Avenue.

XVII. Is the subject property located on a:

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

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

FOR SITE PLAN REVIEW ONLY:

1. Acreage of the entire site is: _____
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): _____

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

_____

_____

_____

PLAT SUBMISSION: List maps and other exhibits accompanying this application

_____

_____

_____

_____

_____

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).

11/15/2023 _____
Date

_____
Applicant

_____
Date

_____
Applicant

Sworn and subscribed to before me this

15 day of November, 20 23.

_____
Notary Public of New Jersey
(Affix stamp and seal)

KIMBERLY RUGGIERO
Notary Public, State of New Jersey
Commission # 50047594
My Commission Expires
10/12/2026

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

_____
Print Name of Property Owner

Sworn and subscribed to before me this

_____ day of _____, 20 ___.

_____
Notary Public of New Jersey
(Affix stamp and seal)