Township of Logan

Linda L. Oswald, RMC, CMR
Municipal Clerk
RMC License # C-1293
CMR License # 1965
email: loswald@logan-twp.org

125 Main Street • P.O. Box 314
Bridgeport, New Jersey 08014
Phone: (856) 467-3424
Fax: (856) 467-1061

September 1, 2022

Pam Hulseapple
VIA: email opra+request-34985-0d77026b@requests.opramachine.com

RE: OPRA #211-2022
Logan Apex, LLC
103-22 RPT 1109 Commerce Blvd
Lovett Industrial, LLC, Center Square Road and High Hill Rd Block 1701, Lots 4 and 4.01

Dear Ms. Hulseapple:

As the Official Records Custodian for Logan Township, I received your Open Public Records Act (OPRA) request on August 29, 2022. As such, the seven (7) business day deadline to respond to your request is September 8, 2022. This response to your request is being provided to you on the third (3rd) day after the Township's Records Custodian's receipt of said request.

The following records are provided in their entirety and responsive to your request.

1. 1109 Commerce Boulevard Application, 5 pages
2. Raccoon Island Redevelopment Plan Application, 6 pages

Please note, Lovett Industrial application is not in the possession of the Board secretary at this time. The entire file is in review by the Zoning Board Engineer. The Board secretary is not expecting the file to be returned until at least October 17, 2022.

Copying fee not applicable with this request since documents provided by email per your request. These are all the documents on file pertaining to your OPRA Request.

If your request for access to a government record has been denied or unfilled within the (7) business days required by law, you have a right to challenge the decision by Logan Township to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Counsel (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc.

Sincerely,

Linda L. Oswald

Linda L. Oswald, RMC, CMR
Municipal Clerk
Records Custodian

#211-2022

Linda Oswald

From: Pam Hulseapple <opra+request-34985-0d77026b@requests.opramachine.com>
Sent: Monday, August 29, 2022 12:21 PM
To: Linda Oswald
Subject: OPRA request - Plannig Board application

Dear Logan Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Please provide planning board application (Pages with applicant, engineer, architect) for the following:

Logan-Apex, LLC. Raccoon Island Warehouses
103-22 RPT 1109 Commerce Blvd
Lovett Industrial, LLC, Center Square Road & High Hill Rd Block 1701 Lots 4 and 4.01

Yours faithfully,

Pam Hulseapple

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-34985-0d77026b@requests.opramachine.com

Is loswald@logan-twp.org the wrong address for OPRA requests to Logan Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=logan_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/plannig_board_application

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

DEVELOPMENT APPLICATION
PLANNING BOARD
TOWNSHIP OF LOGAN
125 MAIN STREET
P.O. BOX 314
BRIDGEPORT, NEW JERSEY 08014
TEL:(856)467-3424 EXT 3050

This application with supporting documentation, must be filed with the Secretary of the Logan Township Planning Board at the above referenced address, for a review and determination as to completeness prior to a hearing date being set or an applicant advertising, or mailing notices regarding a hearing date.
ONLY THE BOARD SECRETARY CAN NOTIFY YOU OF THE HEARING DATE.

This Section To be Completed by Board Staff Only

Date Filed (Received): 6-8-22 **Application No.** 103-22

Application Fee: $ 1,100.00 Date of Check: 5/23/22 Check No: 188345

Escrow Deposit: $ 7,800.00 Date of Check: 5/23/22 Check No: 188346
Review for Completeness Completed: _____ Hearing Date Set For: _____
Person who Completeness was Completed by: _____

TO BE COMPLETED BY APPLICANT

1. LEGAL NAME OFAPPLICANT: RPT 1109 Commerce Boulevard, LLC

2. SUBJECT PROPERTY (All requested information must be completed):
Location (Street Address): 1109 Commerce Boulevard

Tax Map: Block 2803 Lot(s) 18 & 19 (Check with Tax Office or look at tax bill for Block/Lot)

Dimensions: Frontage *See below Depth *See below Total Area 24.06 ac. (Lots 17 & 18 combined)

Zone District (Obtain from Zoning Officer): (General Business Park) GBP Zone

Attached Survey/Plot Plan: [✓] Yes [ ] No. Waiver Requested because _____

The location of the property is approximately -0- feet from the intersection of Technology Drive and Commerce Boulevard Center Square Road
The property is located within 200 feet of another municipality: [✓] NO. [ ] YES-Specify Name of Municipality: _____

The property fronts on a county road or state highway: [ ] NO. [✓] YES-Specify County or State Highway Number: County Rte. No. 620 State Highway No. _____

Has an application regarding this property ever been filed before the Board before? [✓] NO. [ ] YES
If "Yes", please give details, and attach a copy of the written decision (Resolution) adopted by the Board:
_____

This Property has (public)/private water service. (Circle One)

This Property has (public)/private sewer service. (Circle One)

Are you proposing a well and/or septic system? [ ] Yes [✓] No

*Dimensions:	Frontage	Depth
Technology Drive	767+/- ft	302+/- ft
Commerce Boulevard	1,754 +/- ft	540 +/- ft
Center Square Road	547 +/- ft	1,743 +/- ft

3. APPLICANT INFORMATION (All requested information must be completed):

Full Legal Name RPT 1109 Commerce Boulevard, LLC

Address 100 Summer Street, Suite 800, Boston, MA 02110
(Street) (City) (State) (Zip Code)

Telephone Number(s): DAY (617) 478-0672 EVENING ( ) _____

Fax: ( ) _____ E-Mail: dave.crane@dws.com

Applicant is a **(must check one):** [✓] Corporation [ ] Partnership [ ] Sole Proprietor [ ] Individual

Relationship of Applicant to property in question: [✓] Owner. [ ] Tenant or Lessee. [ ] Purchaser under contract. [ ] Other: _____

4. DISCLOSURE STATEMENT (If Applicant is a Corporation or Partnership)

Pursuant to N.J.S.A. 40:55D-48.1, the names and addresses of all persons owning 10% or more of the stock in a corporation that is an applicant, or 10% or greater interest in a partnership that is an applicant must be disclosed. In accordance with N.J.S.A. 40:55D-48.2 that disclosure requirement applies to any stockholder in a corporation that is an applicant, or partner in a partnership that is an applicant, who owns or holds 10% or more of its stock, or 10% or greater interest in the partnership, until all the names and addresses of the non-corporate stockholders and individual partners at or exceeding the 10% ownership criterion, have been listed. **[Attach pages as necessary to fully comply with the following information that is required for each individual.]**

Name Please see attached ownership disclosure statement. Percent of Interest held: _____%

Address _____
(Street) (City) (State) (Zip Code)

5. OWNER IF DIFFERENT FROM APPLICANT Same as Applicant

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name; _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone Number: DAY :( )_____ EVENING: ( )_____

6 ADDITIONAL PROPERTY INFORMATION (All requested information must be completed):

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

[✓] YES (Attach Copies and/or Copy of Deed) [ ] PROPOSED (Attach Description) [ ] None

NOTE: All deed restrictions, covenants, and easements, association by-laws, existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be considered.

Present use of the premises and proposed use (describe in detail.)

Please refer to the Cover Letter and the enclosed Application Addendum.

7. APPLICANT'S EXPERTS/REPRESENTATIVES:

Applicant's Attorney Robert W. Bucknam, Jr., Esq., Archer & Greiner, P.C.
(Name and Firm if Applicable)
Address 1025 Laurel Oak Road, Voorhees, NJ 08043
(Street) (City) (State) (Zip Code)

Telephone Number (856)354-3025 Fax Number (_____) _____

Applicant's Engineer Renee Anstiss, P.E., Colliers Engineering & Design
(Name and Firm if Applicable)
Address 1000 Waterview Drive, Suite 201, Hamilton, NJ 08691
(Street) (City) (State) (Zip Code)

Telephone Number (609) 587-8200 Fax Number (609) 587-8260

Applicant's PlanningConsultant Daniel N. Bloch, P.P., AICP, EADA, Colliers Engineering & Design
(Name and Firm if Applicable)
Address Shelbourne at Hunterdon, 53 Frontage Road, Suite 110, Hampton, NJ 08827
(Street) (City) (State) (Zip Code)

Telephone Number (908) 238-0900 Fax Number (_____) _____

Applicant's Traffic Engineer Michelle Briehof, P.E., Colliers Engineering & Design
(Name and Firm if Applicable)
Address 331 Newman Springs Road, Suite 203, Red Bank, NJ 07701
(Street) (City) (State) (Zip Code)

8. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant
Attach additional sheets as may be necessary, with the following information.

Name Louis Vandeloecht, GMA Architects Field of Expertise Architect

Address GMA Architects, 900 N. Rock Hill Road, St. Louis, MO 63119
(Street) (City) (State) (Zip Code)

Telephone Number :(314) 265-1148 Fax Number(_____)_____

9. RELIEF BEING REQUESTED:

The applicant is requesting the following relief from the Board. (List as many forms of relief that are applicable). **Mark and Attach Separate Sheet if More Space is needed:**

[ ] Conceptual Review

[ ] Site Plan Review Committee

[ ] Minor Subdivision

[ ] Major Subdivision-Preliminary [ ] Major Subdivision-Final

[ ] Number of Lots to be Created_____ [ ] Number of Proposed Dwelling Units_____

[✓] Major Site Plan Approval [ ] Minor Site Plan Approval

[✓] Preliminary Site Plan Approval (phases-if applicable) ____

[✓] Final Site Plan Approval (phases- if applicable) _____

[ ] Amendment or Revision to an Approved Site Plan (Area to be disturbed-square feet) _____

[ ] Request for Waiver from Site Plan Review and Approval. Reason for request:_____

_____

_____

OTHER:
[ ] Informal Review of_____

Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Logan Township Development Ordinance.

VARIANCES: List any and all variances that are a part of this application. List the nature of the variances, and cite the specific Section of the Logan Township Unified Development Ordinance from which relief is requested. (Attach additional pages if necessary). Please refer to the enclosed Application Addendum.

Set forth your reasons under the Municipal Land Use Law that you believe support your request for relief, based on the specific facts of your application:

[ ] **"Hardship"** (N.J.S.A.40:55D-70c (**1**) Provide Reasons: _____

[ ] **"Substantial Benefit"** (N.J.S.A.40:55D-70c (**2**). Provide Reasons: _____

[ ] **Conditional Use Approval.** Site applicable section of the Township's Unified Development Ordinance: _____

[ ] Direct issuance of a permit for a structure in the bed of a mapped street, public drainage way, or flood control basin (N.J.S.A. 40:55D-34). Describe: _____.

DEVELOPMENT APPLICATION
PLANNING BOARD
TOWNSHIP OF LOGAN
125 MAIN STREET
P.O. BOX 314
BRIDGEPORT, NEW JERSEY 08014
TEL:(856)467-3424 EXT 3050

This application with supporting documentation, must be filed with the Secretary of the Logan Township Planning Board at the above referenced address, for a review and determination as to completeness prior to a hearing date being set or an applicant advertising, or mailing notices regarding a hearing date.
ONLY THE BOARD SECRETARY CAN NOTIFY YOU OF THE HEARING DATE.

This Section To be Completed by Board Staff Only

Date Filed (Received): 7/6/22 **Application No.** 104-22

Application Fee: $ 1,000.00 Date of Check: 6/24/22 Check No: 417305

Escrow Deposit: $ 9,500.00 Date of Check: 6/24/22 Check No: 417306
Review for Completeness Completed: _____ Hearing Date Set For: _____
Person who Completeness was Completed by: _____

TO BE COMPLETED BY APPLICANT

1. LEGAL NAME OFAPPLICANT: Logan-Apex, LLC

2. SUBJECT PROPERTY (All requested information must be completed):
Location (Street Address): Raccoon Island

Tax Map: Block 302, Lots 1 & 1.01, Block 303, Lot 1, Block 304, Lot 1, Block 304.01, Lot 1, Block 305, Lots 1 & 1.02, Block 307, Lot 1

Dimensions: Please refer to the GDP Plans Total Area 522.3 acres

Zone District (Obtain from Zoning Officer): Raccoon Island Redevelopment Plan

Attached Survey/Plot Plan: [X] Yes [ ] No. Waiver Requested because _____

The location of the property is approximately NA feet from the intersection of NA and NA
The property is located within 200 feet of another municipality: [ ] NO. [ ] YES-Specify Name of Municipality: _____

The property fronts on a county road or state highway: [ ] NO. [X] YES-Specify County or State Highway Number: County Rte. No._____ State Highway No. US Route 322

Has an application regarding this property ever been filed before the Board before? [X] NO. [ ] YES
If "Yes", please give details, and attach a copy of the written decision (Resolution) adopted by the Board:
_____

This Property has (public)/private water service. (Circle One)

This Property has (public)/private sewer service. (Circle One)

Are you proposing a well and/or septic system? [ ] Yes [X] No

3. APPLICANT INFORMATION (All requested information must be completed):

Full Legal Name Logan-Apex, LLC

Address 427 Bloomfield Ave, 4th Floor (Street) Montclair (City) NJ (State) 07042 (Zip Code)

Telephone Number(s): DAY (___) _____ EVENING (___) _____

Fax: (___)_____ E-Mail:_____

Applicant is a **(must check one):** [ ] Corporation [ ] Partnership [ ] Sole Proprietor [ ] Individual [X] LLC

Relationship of Applicant to property in question: [ ] Owner. [ ] Tenant or Lessee. [X] Purchaser under contract. [ ] Other: _____

4. DISCLOSURE STATEMENT (If Applicant is a Corporation or Partnership)

Pursuant to N.J.S.A. 40:55D-48.1, the names and addresses of all persons owning 10% or more of the stock in a corporation that is an applicant, or 10% or greater interest in a partnership that is an applicant must be disclosed. In accordance with N.J.S.A. 40:55D-48.2 that disclosure requirement applies to any stockholder in a corporation that is an applicant, or partner in a partnership that is an applicant, who owns or holds 10% or more of its stock, or 10% or greater interest in the partnership, until all the names and addresses of the non-corporate stockholders and individual partners at or exceeding the 10% ownership criterion, have been listed. **[Attach pages as necessary to fully comply with the following information that is required for each individual.]**

Name To be forwarded under separate cover. Percent of Interest held: _____%

Address_____
(Street) (City) (State) (Zip Code)

5. OWNER IF DIFFERENT FROM APPLICANT

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name; American Atlantic Company c/o Weeks Marine, Inc.

Address 4 Commerce Drive (Street) Cranford (City) NJ (State) 07016 (Zip Code)

Telephone Number: DAY :(___)_____ EVENING: (___)_____

6 ADDITIONAL PROPERTY INFORMATION (All requested information must be completed):

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

[X] YES (Attach Copies and/or Copy of Deed) [ ] PROPOSED (Attach Description) [ ] None

NOTE: All deed restrictions, covenants, and easements, association by-laws, existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be considered.

Present use of the premises and proposed use (describe in detail.)

Please see attached Cover Letter.

7. APPLICANT'S EXPERTS/REPRESENTATIVES:

Applicant's Attorney Michael F. Floyd, Esq. / Archer & Greiner, PC
(Name and Firm if Applicable)

Address 1025 Laurel Oak Road Voorhees NJ 08043
(Street) (City) (State) (Zip Code)

Telephone Number (856) 616-6140 Fax Number (_____) _____

Applicant's Engineer Jackie Giordano P.E., P.P. / Dynamic Engineering
(Name and Firm if Applicable)

Address 1904 Main Street Lake Como NJ 07719
(Street) (City) (State) (Zip Code)

Telephone Number (732) 681-0760 Fax Number (_____) _____

Applicant's PlanningConsultant Jackie Giordano, P.E., P.P. / Dynamic Engineering
(Name and Firm if Applicable)

Address 1904 Main Street Lake Como NJ 07719
(Street) (City) (State) (Zip Code)

Telephone Number (732) 681-0760 Fax Number (_____) _____

Applicant's Traffic Engineer Andy Jafolla, P.E.
(Name and Firm if Applicable)

Address 1904 Main Street Lake Como NJ 07719
(Street) (City) (State) (Zip Code)

8. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant Attach additional sheets as may be necessary, with the following information.

Name_____ Field of Expertise_____

Address_____
(Street) (City) (State) (Zip Code)

Telephone Number :(_____)_____ Fax Number(_____)_____

9. RELIEF BEING REQUESTED:

The applicant is requesting the following relief from the Board. (List as many forms of relief that are applicable). **Mark and Attach Separate Sheet if More Space is needed:**

[ ] Conceptual Review

[ ] Site Plan Review Committee

[ ] Minor Subdivision

[ ] Major Subdivision-Preliminary [ ] Major Subdivision-Final

[ ] Number of Lots to be Created_____ [ ] Number of Proposed Dwelling Units_____

[ ] Major Site Plan Approval [ ] Minor Site Plan Approval

[ ] Preliminary Site Plan Approval (phases-if applicable) ____

[ ] Final Site Plan Approval (phases- if applicable) _____

[ ] Amendment or Revision to an Approved Site Plan (Area to be disturbed-square feet) _____

[ ] Request for Waiver from Site Plan Review and Approval. Reason for request:_____
_____
_____

OTHER:
[x] _Application for General Development Plan Approval_____
_____

Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Logan Township Development Ordinance.

VARIANCES: **List any and all variances that are a part of this application. List the nature of the variances, and cite the specific Section of the Logan Township Unified Development Ordinance from which relief is requested. (Attach additional pages if necessary).** N/A

Set forth your reasons under the Municipal Land Use Law that you believe support your request for relief, based on the specific facts of your application:

[ ] **"Hardship"** (N.J.S.A.40:55D-70c (**1**) Provide Reasons: _____

[ ] **"Substantial Benefit"** (N.J.S.A.40:55D-70c (**2**). Provide Reasons: _____

[ ] **Conditional Use Approval**. Site applicable section of the Township's Unified Development Ordinance: _____

[ ] Direct issuance of a permit for a structure in the bed of a mapped street, public drainage way, or flood control basin (N.J.S.A. 40:55D-34). Describe: _____.

11. OTHER APPROVALS, WHICH MAY BE REQUIRED, AND THE DATES THAT PLANS/APPLICATIONS WERE SUBMITTED:

AGENCY OR PERMIT	YES	NO	DATE PLANS SUBMITTED
Gloucester County Health Department	___	X	_____
Gloucester County Planning Board	___	X	_____
Gloucester County Soil Conservation District	___	X	_____
NJ Department of Environmental Protection	X	___	To be submitted

(Check nature of approval(s) needed:

[ ] Sewer Extension Permit;

[ ] Sanitary Sewer Connection Permit;

[ ] Stream Encroachment Permit;

[ ] Wetlands Permit; [ ] Tidal Wetlands Permit;

[ ] Potable Water Construction Permit;

[ ] Other: _____

NJ Department of Transportation	X	___	_____
Other: _____	___	___	_____

[X] List of Maps, Reports, and other materials accompanying this application (attach additional pages as required for complete listings): _____

Please refer to the attached cover letter.

_____

12. OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION. (List the specific information attached and its importance / significance to your application): _____

_____

_____