TOWNSHIP OF DELRAN
MUNICIPAL BUILDING
900 CHESTER AVENUE
DELRAN, NEW JERSEY 08075

The application, with supporting documentation, must be filed with the Secretary of the Board and must be delivered to the professionals for review. No application will be scheduled before the board until the application has been deemed complete by the professional staff. All application forms must either be typed or clearly printed in ink - if the application form is illegible, it will be returned.

To be completed by Township staff only

Date Filed_____ Application No._____

Planning Board_____ Application Fees_____

Escrow Deposit_____

Scheduled for: Completeness Review_____ Hearing_____

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1. SUBJECT PROPERTY

Location: 1301-1381 Fairview Boulevard

Tax Map: Page_____ Block 120 Lot 14.05

Page_____ Block_____ Lot_____

Dimensions: Frontage 170' Depth_____ Total Area 40,391 SF

Zoning District Planned Commercial Development

2. APPLICANT

Name STO LAT Delran, LLC

Address 740 Marne Highway, Suite 104

Moorestown, NJ 08057

Telephone Number 856-793-9335 Fax Number 856-793-9506

Email cat.njhomes@gmail.com

Applicant is a:

Corporation X (LLC) Partnership_____ Individual_____

3. DISCLOSURE STATEMENT

Pursuant to R.S. 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with R.S. 40:55-48.2, that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed.
(Attach pages as necessary to comply fully.)

Name Donald Pollock, Jr.

Address 740 Marne Highway, Suite 104 Interest 100%

Moorestown, NJ 08057

Name

Address Interest

Name

Address Interest

Name

Address Interest

4. IF OWNER BE OTHER THAN THE APPLICANT, PROVIDE THE FOLLOWING INFORMATION ON THE OWNER(S)

Name of owner(s) Same as Applicant

Address

Telephone Email

5. PROPERTY INFORMATION:

Restrictions, covenants, easements or association by-laws (existing or proposed) on the property:

Yes (attach copies) X No Proposed

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

Present use of the premises (be specific): Vacant land.

6. Applicant's Attorney Jeffrey M. Brennan, Esquire

Address 1307 White Horse Road, F-600

Voorhees, NJ 08043

Telephone Number 856-637-6000 ext. 303

Fax Number 856-627-4548 Email: JBrennan@baronbrennan.com

7. Applicant's Engineer Andrew Simpkins, PE

Address 645 Berlin-Cross Keys Road, Suite 1

Sicklerville, NJ 08081

Telephone Number 856-228-2200

Fax Number 856-232-2346 Email: design@ces-1.com

8. Applicant's Planning Consultant

Address

Telephone Number

Fax Number Email:

9. Applicant's Traffic Engineer

Address

Telephone Number

Fax Number Email:

10. Applicant's Agent (if any)

Address

Telephone Number

Fax Number Email:

11. List any other Expert who will submit a report or who will testify for the Applicant:
(Attached additional sheets as may be necessary):

Names Field Of Expertise

Address

Telephone Number

Fax Number Email

12. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

Subdivision: N/A

_____ Minor Subdivision Approval

_____ Subdivision Approval (preliminary)

_____ Subdivision Approval (final)

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

Number of additional new dwellings to be created (if residential)_____

Site Plan:

X 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) _____

Total number of proposed dwelling units _____

Existing number of employees _____

Number of Additional employees with proposal _____

_____ Request for Waiver from Site Plan Review and Approval

Reason for request: _____

_____

_____ Informal Review Note: If applicant is requesting an informal hearing before the Planning Board without filing a formal application for site plan or subdivision than the applicant should use the simplified application form for an informal presentation. A copy of the simplified application can be obtained by contacting the Board's Secretary.

_____ Appeal decision of an Administrative Officer (R.S. 40:55D-70a (1)) Note: All appeals of an Administrative Officer should be made to the Zoning Board – see separate application forms

_____ Map or Ordinance Interpretation of Special Question (R.S. 40:55D-70b) Note: All requested for interpretations or special questions should be made to the Zoning Board – see separate application forms.

_____ Variance Relief (hardship) (R.S. 40:55D-70c (1))

_____ Variance Relief ('flexible c') (R.S. 40:55D-70c (2))

_____ Variance Relief (unpermitted structure or use; expansion of a non-conforming use; deviation from a specification or standard pertaining solely to a conditional use; increase in permitted floor area ratio; increase in permitted density; deviation in maximum permitted height of a principal structure more than 10' or 10%) (R.S. 40:55D-70d) Note: All requested use variances should be made to the Zoning Board – see separate application forms.

_____ Conditional Use Approval (R.S. 40:55D-67)

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

_____ Direct issuance of a permit for a lot lacking street frontage (R.S. 40:55D-35)

13a. Section(s) of Ordinance from which a variance is requested: N/A

13b. Provide detailed description of all variances being requested (i.e. New building with front setback of 20' instead of required 50' setback) (Attach additional pages as needed).
N/A

14. Exceptions (R.S. 40:55D-51) and Waivers Requested of Development Standards and/or Submission Requirements: (Attach additional pages as needed)

Submission requirements #33, #42, #49

15. Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, location within the State and within 200 feet in all directions of the property which is the subject of this application. This notice must specify the sections of the Ordinance from which the relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled for the hearing.

An affidavit of service on all property owners and a proof of publication must be filed before the application will be complete and the hearing can proceed.

16. Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of the premises: (attach pages as needed)

1-story, 2100 square foot office building with parking lot and trash enclosure.

17. Is a public water line available? Yes

18. Is a public sanitary sewer available? Yes

19. Does the applicant propose a well and septic system? No

20. In the event that any new lots are being proposed, attach a certification from the Tax Assessor designating the appropriate block and lot numbers. N/A

21. Are any off-tract improvements required or proposed? Yes_____ No X

If the answer is yes, describe the improvements

N/A

22. Is the subdivision to be filed by deed? Yes_____ N/A No_____

Is the subdivision to be filed by plat? Yes_____ N/A No_____

23. What form of security does the applicant propose to provide as performance and maintenance guarantees?

To be determined.

24. I certified that I have read and understand the attached list of rules and adopted policies (adopted February 5, 2009) of the Planning Board and agree to be bound by those adopted policies.

5/2/23
Date

Applicant Donald Pollock, Managing Member

Date

Witness

25. Other approvals, which may be required and date plans submitted:

	YES	NO	DATE PLANS SUBMITTED
Delran Sewerage Department	____	____	TBD
Burlington County Health Department	____	____	N/A
Burlington County Planning Board	____	____	TBD
Burlington County Soil Conservation District	____	____	TBD
NJDEP	____	____	N/A
Sewer Extension Permit	____	____	TBD
Sanitary Sewer Connection Permit	____	____	TBD
Stream Encroachment Permit	____	____	N/A
Waterfront Development Permit	____	____	N/A
Wetlands Permit	____	____	N/A
Tidal Wetlands Permit	____	____	N/A
Potable Water Construction Permit	____	____	N/A
Other	____	____	N/A
NJ Department of Transportation	____	____	N/A
Public Service Electric and Gas Company	____	____	TBD

Please note it is the applicant's responsibility to obtain all necessary approvals from all agencies having jurisdiction in this matter.

26. Certification signed by the Tax Collector verifying that all taxes due on the subject property have been paid. (See page # 25)

See attached.

27. List of Maps, reports and other material accompanying the application (attach additional pages as required for complete listing).

It is the responsibility of the applicant to mail or deliver copies of the application form and all supporting documents to the members of the Board's professional staff (Engineer, Planner and Solicitor of the Board to which the application is submitted. Additionally, the applicant must also provide copies directly to the Township Fire Official) for their review. No application will be scheduled for a public hearing until the application has been reviewed and deemed complete by the Board's professional staff. Any required revisions must be submitted at least 15 days prior to a scheduled meeting date. Failure to comply may result in the delay in scheduling a hearing or having an application continued until the next available meeting.

Quantity	Description of Item
3	Minor Site Plan Set (full-size)
2	Minor Site Plan Set (reduced-size)
3	Plan of Survey and Topography (full-size)
2	Plan of Survey and Topography (reduced-size)

28. The applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the applicant's professionals:

Applicant's Professional	Reports Requested
X Attorney	All
X Engineer	All

CERTIFICATIONS

29. I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am the Officer of the corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant.

(If the applicant be a corporation, this part must be signed by the authorized corporate officer. If the applicant be a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

2nd day of May, 20 23

Catherine DeFrank

Catherine DeFrank
Notary Public, State of New Jersey
Comm. # 50182601
My Commission Expires 01/17/2027

NOTARY PUBLIC SIGNATURE OF APPLICANT Donald Pollock

30. 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 be a corporation, this part must be signed by the authorized corporate officer. If the owner be a partnership, this part must be signed by the general partner.)

Sworn to and subscribed before me this

2nd day of May, 20 23

Catherine DeFrank

Catherine DeFrank
Notary Public, State of New Jersey
Comm. # 50182601
My Commission Expires 01/17/2027

NOTARY PUBLIC SIGNATURE OF OWNER Donald Pollock

31. I understand that my deposit of $ 2,000.00 has been deposited in an escrow account. In accordance with the Ordinance of the Township of Delran, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and publication of the decision by the Board. Sums not utilized in the review process shall be returned. If additional sums should be deemed by the Board Secretary to be necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days.

5/2/23
Date

Signature of Applicant Donald Pollock

32. Completed W-9 form with Tax ID # or social security #. (See page #16)

33. Required application and escrow fees. (See pages #17 - 19)

34. Completed and signed escrow agreement. (See page #20)

35. Property address certification signed by Delran Tax Assessor or 911 Coordinator for all subdivision applications and site plan applications requiring new address designations. (See page #21)

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.)
STO LAT Delran, 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.)
740 Marne Highway, Suite 104

Requester's name and address (optional)

City, state, and ZIP code
Moorestown, NJ 08057

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
| 9 | 2 | 3 | 2 | 8 | 2 | 3 | 4 | 7 |

List account number(s) here (optional)

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 ▶ [signature] Date ▶ 5/2/23

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 requestor does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

DELRAN TOWNSHIP
ESCROW AGREEMENT

I understand that the sum of $ 2,000.00 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.

5/2/23
Date

Signature

Managing Member
Position

Donald Pollock
Name

Address to send all account correspondence to: 740 Marne Highway, Suite 104

Moorestown, NJ 08057

Tax I.D. or Social Security #: 92-3282347

For official use only

Block _____ Lot _____ File # _____

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 STO LAT Delran, LLC

Proposed Block #	Proposed Lot #	Proposed Address
120	14.05	1381 Fairview Boulevard

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.

Tom Davis, Tax Assessor

Date

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: Colleen Kohn, Secretary
Planning & Zoning Boards

FROM: Delran Township Tax Collector

RE: Block 120

Lot(s) 14.05

Street Address 1301-1381 Fairview Boulevard

Property Owner STO LAT Delran, LLC

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

_____ Current

_____ Delinquent Amount: $_____

_____ _____
Signature Date