

**LAND USE DEVELOPMENT APPLICATION**

**BOROUGH OF HARVEY CEDARS**  
**7606 LONG BEACH BOULEVARD**  
**HARVEY CEDARS, NEW JERSEY 08008**  
**(609) 494-2843**

|  |                      |  |
|--|----------------------|--|
| <b>TO BE COMPLETED BY BOROUGH STAFF ONLY</b> |                      |  |
| Date Filed _____                             | Docket No. _____     |  |
| Application Fees _____                       | Escrow Deposit _____ |  |
| Scheduled for: Review for Completeness _____ | Hearing _____        |  |

**1. SUBJECT PROPERTY – TO BE COMPLETED BY APPLICANT**

Location: 18 KINSEY LANE, HARVEY CEDARS, NJ 08008  
Tax Map Page \_\_\_\_\_ Block 71 Lot(s) 5.03 & 5.04  
Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Dimensions Frontage 50' Depth 130' Total Area 5,140 sf  
Zoning District: RA

**2. APPLICANT**

Name PIZER LIVING TRUST  
Address 606 Runnymede Ave., Jenkintown, PA 19046  
Telephone Number: Home 205-576-5562 Local: \_\_\_\_\_  
Work: 267-872-5995 Fax: \_\_\_\_\_  
Applicant is a Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_  
Other (Please Specify) Living Trust

**3. DISCLOSURE STATEMENT**

Pursuant to N.J.S. 40:55D-48.1, the names and address 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 N.J.S. 40:55D-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 fully comply).

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Interest \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR PAYMENT OF ALL PROFESSIONAL REVIEW FEES, INCLUDING THE ENGINEERING AND ATTORNEY. ALL ENGINEERING AND LEGAL FEES MUST BE PAID BEFORE CONSTRUCTION OR ZONING PERMITS CAN BE ISSUED.**

4. If owner (s) is other than the applicant, provide the following information on the Owner (s):

Owner's Name SAME AS APPLICANT

Address \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Local: \_\_\_\_\_

Relationship of the applicant to the property in question:

Owner: X Lessee \_\_\_\_\_ Purchaser Under Contract \_\_\_\_\_ Other \_\_\_\_\_

**5. PROPERTY INFORMATION:**

Deed restrictions, covenants, easements, rights of way, association by-laws, or other dedication existing or proposed on the property:

Yes (attach copies) \_\_\_\_\_ No X Proposed \_\_\_\_\_

Note: All Deed Restrictions, Covenants, Easements, Rights of Ways, Association By-Laws, or other dedications existing and proposed must be submitted for review.

Site Plan and/or conditional use applicants:

Proposed for: New Structure X Expanded Area \_\_\_\_\_ Alteration \_\_\_\_\_

Expansion of Structure \_\_\_\_\_ Change of Use \_\_\_\_\_ Sign \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Has this property been the subject of any prior application(s) to the Planning Board or Zoning Board of Adjustment? Yes \_\_\_\_\_ No X (None known)

If so, please attach the date(s), the relief sought, the disposition of the case and a copy of the resolution (s).

Is the subject property located on:

A County Road: Yes \_\_\_\_\_ No X; A State Road: Yes \_\_\_\_\_ No X;  
within 200 feet of a municipal boundary: Yes \_\_\_\_\_ No X

Present use of the premises: Single family home destroyed by recent fire

\_\_\_\_\_  
\_\_\_\_\_

6. Applicant's Attorney Richard P. Visotcky, Kelly & Visotcky, LLC  
 Address 149 East Bay Avenue, P.O. Box 536, Manahawkin, NJ 08050  
 Telephone Number (609) 597-7200 Fax Number (609) 597-8531
7. Applicant's Engineer Leon J. Tyszka, Nelke/ Tyszka, LLC  
 Address: 382 9<sup>th</sup> Street, Ste 4, Ship Bottom, NJ 08008  
 Phone (609) 494-3474 Fax (609) 361-9231 email: \_\_\_\_\_
8. Applicant's Planning Consultant James Brzozowski, P.E., P.P.  
 Address 8510 Long Beach Boulevard, Long Beach Township, NJ 08008  
 Telephone Number (609) 492-5050 Fax Number (609) 492-4163
9. Applicant's Architect Robert Roth Architect  
 Address 4300 Long Beach Boulevard, Brant Beach, NJ 08008  
 Telephone Number (609) 494-7104 Fax Number \_\_\_\_\_
10. List any other Expert who will submit a report or who will testify for the Applicant:  
 (Attach additional sheets as may be necessary)  
 Name \_\_\_\_\_  
 Field of Expertise \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:**

**SUBDIVISION:**

- \_\_\_\_\_ Minor Subdivision Approval  
 \_\_\_\_\_ Subdivision Approval (Preliminary)  
 \_\_\_\_\_ Subdivision Approval (Final)  
 Number of Lots to be created \_\_\_\_\_ Number of proposed Dwelling Units \_\_\_\_\_  
 (if applicable)  
 Area and Dimensions of each Proposed Lot \_\_\_\_\_  
 \_\_\_\_\_

**SITE PLAN:**

- \_\_\_\_\_ 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 1

Request for Waiver from Site Plan Review and Approval  
Reason for Request: \_\_\_\_\_

- \_\_\_\_\_ INFORMAL REVIEW
- \_\_\_\_\_ APPEAL DECISION OF AN ADMINISTRATIVE OFFICER [N.J.S. 40:55d-70A]
- \_\_\_\_\_ MAP OR ORDINANCE INTERPRETATION OR SPECIAL QUESTION [N.J.S.40:55D-70B]
- VARIANCE RELIEF (HARDSHIP) [N.J.S. 40:55D-70C (1)]
- VARIANCE RELIEF (SUBSTANTIAL BENEFIT) [N.J.S. 40:55D-70C (2)]
- \_\_\_\_\_ VARIANCE RELIEF (USE) [N.J.S. 40:55D-70D]
- \_\_\_\_\_ CONDITIONAL USE APPROVAL [N.J.S. 40:55D-67]
- \_\_\_\_\_ DIRECT ISSUANCE OF A PERMIT FOR A STRUCTURE IN BED OF A MAPPED STREET, PUBLIC DRAINAGE WAY, OR FLOOD CONTROL BASIN [N.J.S. 40:55D-34]
- \_\_\_\_\_ DIRECT ISSUANCE OF A PERMIT FOR A LOT LACKING STREET FRONTAGE [N.J.S. 40:55D-35]

12. Section (s) of Ordinance from which a variance is requested

Side yard setback having proposed 10'8" (10'/10' required)

13. Waivers Requested of development Standards and/or Submission Requirements: (attach additional pages as needed)

N/A

14. ATTACH A COPY OF THE PROPOSED 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, LOCATED WITHIN THE STATE AND WITHIN 200 FEET IN ALL DIRECTIONS OF THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION. THE NOTICE MUST SPECIFY THE SECTIONS OF THE ORDINANCE FROM WHICH 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 by the Administrative Officer for the hearing.



15. 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.

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)

Applicant proposes to raise and rebuild home in same footprint as exists due to destruction of house by a recent fire. Applicant will seek a side yard setback of 8' on the east side, existing (10' required)

16. Is a public water line available? YES
17. Is public sanitary sewer available? YES
18. Does the application propose any lighting? NO
19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate Lot and Block number? N/A
20. Are any Off-Tract Improvements required or proposed? N/A
21. Is the Subdivision to be filed by Deed or Plat? N/A
22. What form of security does the applicant propose to provide as performance and maintenance guarantees?
23. OTHER APPROVALS WHICH MAY BE REQUIRED AND DATE PLANS SUBMITTED:

|  | DATE PLANS    |               |               |
|--|---------------|---------------|---------------|
|  | YES           | NO            | SUBMITTED     |
| <u>LOCAL FIRE PREVENTION</u>               | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>BEACH HAVEN WATER &amp; SEWER DEPT.</u> | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>BEACH HAVEN PUBLIC WORKS DEPT.</u>      | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>LONG BEACH ISLAND HEALTH DEPT.</u>      | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>OCEAN COUNTY PLANNING BOARD</u>         | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>OCEAN COUNTY SOIL CONSERVATION DEPT</u> | <u>      </u> | <u>      </u> | <u>      </u> |
| <u>N.J. DEPT. ENVIRONMENTAL PROTECTION</u> | <u>      </u> | <u>      </u> | <u>      </u> |

|   | DATE PLANS  |             |             |
|---|-------------|-------------|-------------|
|   | YES         | NO          | SUBMITTED   |
| <u>    </u> SANITARY SEWER CONNECTIN PERMIT | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> SEWER EXTENSION PERMIT          | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> WATERFRONT DEVELOPMENT PERMIT   | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> WETLANDS PERMIT                 | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> TIDAL WETLANDS PERMIT           | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> F.E.M.A.                        | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> N.J. DEPT. OF TRANSPORTATION    | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> ATLANTIC ELECTRIC               | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> N.J. NATURAL GAS                | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> OTHER _____                     | <u>    </u> | <u>    </u> | <u>    </u> |
| <u>    </u> OTHER _____                     | <u>    </u> | <u>    </u> | <u>    </u> |

24. CERTIFICATION FROM THE TAX COLLECTOR THAT ALL TAXES DUE ON THE SUBJECT PROPERTY HAVE BEEN PAID.
25. LIST OF MAPS, REPORTS AND OTHER MATERIALS ACCOMPANYING THE APPLICATION (ATTACH ADDITIONAL PAGES AS REQUIRED FOR COMPLETE LISTING)

THE DOCUMENTATION MUST BE RECEIVED BY THE BOARD SECRETARY AT LEAST TWENTY-ONE (21) DAYS PRIOR TO THE MEETING AT WHICH TIME THE APPLICATION IS TO BE CONSIDERED. A LIST OF THE PROFESSIONAL CONSULTANTS IS ATTACHED TO THE APPLICATION FORM.

| Quantity     | Description of Item            |
|--------------|--------------------------------|
| <u>  X  </u> | <u>  Variance Map  </u>        |
| <u>  X  </u> | <u>  Architectural Plans  </u> |
| _____        | _____                          |

26. THE APPLICANT HEREBY REQUESTS THAT COPIES OF THE REPORTS OF THE PROFESSIONAL STAFF REVIEWING THE APPLICATION PROVIDED TO THE FOLLOWING OF THE APPLICANT'S PROFESSIONALS:

SPECIFY WHICH REPORTS ARE REQUESTED FOR EACH OF THE APPLICANT'S PROFESSIONALS OR WHETHER ALL REPORTS SHOULD BE SUBMITTED TO THE PROFESSIONAL LISTED.

|              | Applicant's Professional | Reports Requested |
|--------------|--------------------------|-------------------|
| <u>  X  </u> | Attorney                 | _____             |
| <u>  X  </u> | Engineer                 | _____             |
| <u>  X  </u> | Architect                | _____             |

27. CHECK LISTS USED
- |            |                 |                |
|------------|-----------------|----------------|
| SCHEDULE A | <u>    </u> YES | <u>    </u> NO |
| SCHEDULE B | <u>    </u> YES | <u>    </u> NO |
| SCHEDULE C | <u>    </u> YES | <u>    </u> NO |

**CERTIFICATIONS**

28. I CERTIFY THAT THE FOREGOING STATEMENTS AND THE MATERIALS SUBMITTED ARE TRUE, AND WAIVE ALL APPLICABLE TIME LIMITS UNTIL THE FIRST PUBLIC HEARING OF THIS APPLICATION. I FURTHER CERTIFY THAT I AM THE INDIVIDUAL APPLICANT OR THAT I AM AN OFFICER OF THE CORPORATE APPLICANT AND THAT I AM AUTHORIZED TO SIGN THE APPLICATION FOR THE CORPORATION OR THAT I AM A GENERAL PARTNER OR THE PARTNERSHIP APPLICANT. (IF THE APPLICANT IS A CORPORATION, THIS MUST BE SIGNED BY AN AUTHORIZED CORPORATE OFFICER. IF THE APPLICANT IS A PARTNERSHIP, THIS MUST BE SIGNED BY A GENERAL PARTNER)

*Deborah...* *Marcia Hoyle*  
SIGNATURE OF APPLICANT  
  
\_\_\_\_\_  
SIGNATURE OF OWNER

29. I UNDERSTAND THAT A SUM, TO BE DETERMINED BY WILL BE DEPOSITED IN AN ESCROW ACCOUNT, IN ACCORDANCE WITH THE ORDINANCES OF THE BOROUGH OF BEACH HAVEN. I FURTHER UNDERSTAND THAT THE ESCROW ACCOUNT IS ESTABLISHED TO COVER THE COST OF PROFESSIONAL SERVICES INCLUDING ENGINEERING, PLANNING, LEGAL AND/OR OTHER EXPENSES ASSOCIATED WITH THE REVIEW OF SUBMITTED MATERIALS. SUMS NOT UTILIZED IN THE REVIEW PROCESS SHALL BE RETURNED. IF ADDITIONAL SUMS ARE DEEMED 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.

*4/24/20* *Deborah...* *Marcia Hoyle*  
DATE SIGNATURE OF OWNER OR APPLICANT

**BOROUGH OF BEACH HAVEN PROFESSIONAL CONSULTANTS**

**LAND USE BOARD ATTORNEY**

Stuart D. Snyder, Esquire  
2100 Long Beach Blvd.  
Surf City, NJ 08008

(609) 494-7676  
FAX .... (609) 494-8499

**ENGINEER**

Frank J. Little, Jr. P.E., P.P.  
Owen, Little & Associates, Inc.  
443 Atlantic City Boulevard  
Beachwood, NJ 08722

(732) 244-1090  
FAX .... (732) 341-3412

**BOROUGH ATTORNEY**

William Hering Jr., Esquire  
23 Hadley Avenue  
Toms River, NJ 08753-7520

(732) 349-1800  
FAX .... (732) 286-2275