## LAND USE BOARD APPLICATION FOR USE VARIANCE AND/OR BULK VARIANCE(S)

LUB23/18

<u>In</u>	formation on Subject Property:
1.	Property address: 519 Burlington Avenue, Bandy Beach, NJ.07720
	Block(s) $88$ Lot(s) $3$ Zone: $1$
2.	Does the Applicant own adjoining property?   YES  NO
	If answer to foregoing is yes, describe location and size of adjoining property:  JUL 2 8 2023
3.	An application is hereby made for a variance(s) from the terms of Article(s) and Section(s):
	Charles 450-20NIN ARlide IX-FENCE 450-44
	(Bulk C Variance)
	UNKowsiy Instilled 6 fort side and Front Fence Replacegoid invente fence to match Height ON Neigh BON IN PROR and ON Right side:
	MATCH EXISTO ON NEGLIDON IN PLAK AND ON RIGHT STOLLS
4.	Justification/Reasons why each variance should be granted [attach forms as necessary]
	Fence Replacement - HAdan old Broken down and
	very UNSAfe Chainclink Force that I Replaced with A 6 ft WHITE
	VINYI FENCE to match By My Neighbur In the Back of Property and to left
	OF Property so it was uniform.
5.	If conditional use is required/requested with this application, detail conformance/deviation from the #3++; requirements of the zoning ordinance [attach forms as necessary].
	I put is a 6ft Fence Not KNOWING AND topping with the Height of th
	I put up a 6ft Fence not knowing AND topping with the Height of the 2 Newer Fences Bordering my Property. Softty was number one Region.
<u>Co</u>	entact Information:
6.	Name of applicant: John DiBari
	Mailing address: 519 Burlinston Ave Bradly Beach N.J.07120
	Phone # Fax # Cell #
	E-mail address:

7. Interest of Applicant if other than owner (i.e. tenant, contract purchaser)(If applicant is not the owner, Owner(s)' Affidavit of Authorization and Consent must be completed & submitted with this application				
8.	Name of present owner:			
	Mailing address:	519 Barlington Avenue		
	Phone #_	Fax #	Cell #	
	E-mail address:			
9.	Contact Person:	INN DIBARI		
	Mailing address:	519 BURL After Ave.	·	
	Phone #	Fax #	Cell #	
	E-mail address:			
A	oplicant's Professionals'	Information:		
10	. Name of applicant's Atte (Companies/Corporati	orney (if applicable) ons must be represented):		
		, , , , , , , , , , , , , , , , , , ,		
	Phone #	Fax #	Cell #	
	E-mail address:			
11	. Name of applicant's Eng	gineer (if applicable):		
	Mailing Address:	, ,		
	Phone #	Fax #	Cell #	
	E-mail address:			
12	. Name of applicant's Plan	nner (if applicable):		
	Mailing Address:			
	Phone #	Fax #	Cell #	
	E-mail address:			
13.	. Name of applicant's Sur	veyor: NA		
	Mailing Address:			
	Phone #	Fax #	Cell #	
	E-mail address:			

Phone #	Fax #	Cell #
E-mail address:		
5. Name of applicant's (	Other Professional (if applicable): Fence	INHAM BY CARLS FENCING
Mailing Address:	1579 W9 Tom's River	NT Offiss
1-	40 8636 Fax #	Cell#

17. Are any extensions of municipal facilities or utilities involved with this application? Y  If answer is YES, describe:				
8. Are drainage ditches, streams, or other water courses involved with this application? Y N If answer is YES, describe:				
19. Has there been any previous applications before the Planning/Zoning Board/Land Use these premises? Yes No Unknown				
If so, when:				
Result of decision: (attach copy of prior Resolution)				
20. Has a Zoning denial been received as part of this application? YES NO	If yes, please attach.			
21. Tax and Assessment payment report indication of all taxes and/or assessment requattached to this application:	uired to be paid			
22. Are any easements or special covenants by deed involved with this application?  ☐ YES (If yes, attach copy)				
AFFIDAVIT OF APPLICATION				
State of New Jersey :  County of Uonmouth:				
being of full age, being duly s Law, on oath depose and says that all the above statements are true.	worn according to			
(Original Signature of Applicant to	be Notarized)			
JoHN Di Bari	,			
(Print Name of Applicant)				
Sworn and subscribed before me this  27 day of 000, 20, 23  NOTARY SE  Signature of Notary Public	PATAMINING THE PARTY OF THE PAR			

## OWNER(S)' AFFIDAVIT OF AUTHORIZATION AND CONSENT STATEMENT OF LANDOWNER WHERE APPLICANT IS NOT LANDOWNER

[Original signatures only – copies will not be accepted]

IN THE DODOLICH OF DD ADI EV DE ACH	
IN THE BURUUGH OF BRADLEY BEACH,	STATE OF NEW JERSEY, COUNTY OF MONMOUTH
I/WE, JOHN DIBARI	, WITH MAILING ADDRESS OF
(Insert Property Owner's	Name)
519 Burly stin Avenue, 1	Brodley Beach, NJ OF FULL AGE BEING DULY
(Insert Property Owner's Mailing Address)	
SWORN ACCORDING TO LAW AND OATH	I DEPOSES AND SAYS:
"I/WE ARE THE OWNER(S) OF THE SUBJE	ECT PROPERTY IN CONNECTION WITH
THIS APPLICATION DESIGNATED AS BLO	
ALSO KNOWN AS 519 Buch	An ALYNNE Bradley Beach, NT.
(Insert physical address of	f the subject property)
I/WE AUTHORIZE JOHN DI Bar	<u> </u>
(Insert name of Owner(s)	representative appearing before the Board)
TO SUCH APPEAL AND APPLICATION, AN BOARD ON SUCH APPEAL SHALL BE BIN	G TO THE PROPERTY LISTED ABOVE, CONSENT ND AGREE THAT ANY DECISION OF THE LAND USED DING UPON ME/US AS IF SAID GHT AND PROSECUTED DIRECTLY BY ME/US AS
	(Original Signature of Owner to be Notarized)
	(Original Signature of Owner to be Notarized)

## SITE VISIT AUTHORIZATION OF PROPERTY OWNER

I hereby authorize any member of the Borough of Bradley Beach Land Use Board, any of said of Board's professionals or reviewing agencies of the Board to enter upon the property which is the subject matter of this application, during daylight hours, for limited purpose of viewing same to report and comment to the Board as to the pending application.

Date: 7-27-23 Signature of Property Owner

## **Escrow Agreement**

I/we fully understand an "Escrow Account" will be established to cover the costs of the professional services which will include engineering, legal, planning, architectural, and any other expenses incurred in connection with the review of this application before the Board.

The amount of the Escrow Deposit will be determined by the Borough of Bradley Beach Ordinance Chapter 60. Land Use Procedures Section 60-29. Application fees and escrow requirements. Please see attached for details.

Any request for replenishment of escrow funds shall be due within fifteen [15] days of receipt of the request. If payment is not received within that time, applicant will be considered to be in default, and such default may jeopardize appearance before the Board and/or hold up of any and all pending approvals and building permits. Continued refusal will result in legal action against the property.

Also in accordance with N.J.S.A. 40:55D-53.1, all unused portion of the escrow account will be refunded upon written request from the applicant, and verification of completion by the board's professionals who reviewed the application.

By signature below, I/we acknowledge receipt of the Borough of Bradley Beach's Chapter 60. Land Use Procedures Section 60-29. Application fees and escrow requirements and agree to all conditions listed.

Name of Applicant:	JoHN DiBaci		
	[please print]	·	
Property Address:	519 Burlington Avenue	Block & Lot 7	
Applicant's Name: _	Total DiBari [Print Name]	[Signature of Applicant]	_
Owner's Name:	[Print Name]	[Signature of Owner]	
Date: 7-2'	7-23		