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

### Information on Subject Property:

| 1.                                           | Property address: 300 FOURTH AVE                                                                                                                                        |  |  |  |  |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                              | Block(s) 54 Lot(s) 14 Zone: 12-1                                                                                                                                        |  |  |  |  |
| 2.                                           | Does the Applicant own adjoining property?   YES  NO                                                                                                                    |  |  |  |  |
|                                              | If answer to foregoing is yes, describe location and size of adjoining property:                                                                                        |  |  |  |  |
| 3.                                           | An application is hereby made for a variance(s) from the terms of Article(s) and Section(s):                                                                            |  |  |  |  |
|                                              | FRONT YARD SETBACK ON FOURTH AVE                                                                                                                                        |  |  |  |  |
|                                              | (25' REQUIRED, 15.17' PROPOSED FOR THE COVERED PORCH                                                                                                                    |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
| 4.                                           | Justification/Reasons why each variance should be granted [attach forms as necessary]                                                                                   |  |  |  |  |
|                                              | THE COVERED PORCH IS IN ALIGNMENT WITH THE                                                                                                                              |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
| DINING ROOM AND DOES NOT PROJECT ANY FURTHER |                                                                                                                                                                         |  |  |  |  |
|                                              | THAN THE EXISTING SET BACK OF THE DINING ROOM.                                                                                                                          |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
| 5.                                           | If conditional use is required/requested with this application, detail conformance/deviation from the requirements of the zoning ordinance [attach forms as necessary]. |  |  |  |  |
| N/A                                          |                                                                                                                                                                         |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
|                                              |                                                                                                                                                                         |  |  |  |  |
| C                                            | mtaat I-farmation.                                                                                                                                                      |  |  |  |  |
|                                              | entact Information:                                                                                                                                                     |  |  |  |  |
| 6.                                           | Name of applicant: FRANK OADES & DIANE PORTANTIERE                                                                                                                      |  |  |  |  |
|                                              | Mailing address: 300 FOURTH AVE BRADLEY BEACH NI 07720                                                                                                                  |  |  |  |  |
|                                              | Phone #_ Cell #                                                                                                                                                         |  |  |  |  |
|                                              | E-mail address:                                                                                                                                                         |  |  |  |  |

| Owner(s)' Affidavit of     | 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):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |  |  |  |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--|--|--|
|                            | Name of present owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |  |  |  |  |
| Mailing address:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| Phone #                    | Fax #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cell # |  |  |  |  |
| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| 9. Contact Person:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| Mailing address:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| Phone #                    | Fax #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cell # |  |  |  |  |
| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| Applicant's Professionals  | s' Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
|                            | Name of applicant's Attorney (if applicable) (Companies/Corporations must be represented):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |  |  |  |  |
| Mailing Address:           | and the second control of the second control |        |  |  |  |  |
| Phone #                    | Fax #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cell # |  |  |  |  |
| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| 11. Name of applicant's En | Name of applicant's Engineer (if applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |  |  |  |  |
| Mailing Address:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
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| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| 12. Name of applicant's Pl | Name of applicant's Planner (if applicable):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |  |  |  |  |
| Mailing Address:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
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| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
| 13. Name of applicant's Su | irveyor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |  |  |  |  |
| Mailing Address:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |
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| E-mail address:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |  |  |  |  |

| 14. Name of applicant's Ar                                  | chitect (if applicable): | ARCHITECT 1616 | HARD VILLAND LLC    |  |  |
|-------------------------------------------------------------|--------------------------|----------------|---------------------|--|--|
| Mailing Address:                                            | 2006 STATE               | HWY 71 SUITE 2 | SPRING LAKE HGTS N) |  |  |
| Phone # 732-282                                             | 2-9300 Fax#              |                | Cell#               |  |  |
| E-mail address: RICHARD & ARCHITECT RICHARD VILLAND, COM    |                          |                |                     |  |  |
| 15. Name of applicant's Other Professional (if applicable): |                          |                |                     |  |  |
| Mailing Address:                                            |                          |                | ·····               |  |  |
| Phone #                                                     | Fax #                    | ····           | Cell #              |  |  |
| E-mail address:                                             |                          |                |                     |  |  |
|                                                             |                          |                |                     |  |  |

### **Detail Property Information:**

(PLEASE INCLUDE INFORMATION FOR EACH ZONE/BLOCK/LOT INVOLVED BELOW – ATTACH ADDITIONAL SHEETS AS NECESSARY)

| PRINCIPAL USE:                                             | Required and/or Permitted  | Existing | Proposed  |
|------------------------------------------------------------|----------------------------|----------|-----------|
| Minimum lot area                                           | 5000                       | 5000     | 5000      |
| Minimum lot width                                          | 50                         | 50       | 50        |
| Minimum lot depth                                          | 100                        | 100      | 100       |
| Minimum lot frontage                                       | 50                         | 50       | 50        |
| Minimum front yard setback                                 | 25                         | 15.17    | 15.17     |
| Minimum rear yard setback                                  | 25                         | 32.49    | 32.49     |
| Minimum side yard setback                                  | 5 AND 10                   | 2.77     | 2.77      |
| Maximum percent building coverage                          | 35                         | 26.88    | 28.80     |
| Maximum percent lot coverage                               | 60                         | 58,24    | 58.06     |
| Maximum number of stories                                  | 21/2                       | 2        | 1         |
| Maximum building height (in feet)                          | 35                         | 24'-4"   | 13'-8'/2" |
| Square footage of principal structure                      |                            | 1643     | 1778      |
| Off-street parking spaces                                  | 2                          | 2        | 2         |
| Prevailing Setback of adjacent buildings within            | n the block/within 200 ft. |          |           |
| ACCESSORY USE/STRUCTURE:                                   | Required and/or Permitted  | Existing | Proposed  |
| Minimum front yard setback                                 |                            |          |           |
| Minimum rear yard setback                                  |                            |          |           |
| Minimum side yard setback                                  |                            |          |           |
| Minimum combined side yard setback                         | \ \ \ \ \                  |          |           |
| Maximum percent building coverage                          | I I / A                    |          |           |
| Maximum percent lot coverage                               |                            |          |           |
| Maximum number of stories                                  |                            |          |           |
| Maximum building height (in feet)                          |                            |          |           |
| Square footage of accessory structure                      | /                          |          |           |
| Distance between principal & accessory structure           |                            |          |           |
| Existing use or uses on the lot: SINGLE FAMILY RESIDENTIAL |                            |          |           |
| Proposed use or uses on the lot: SINGLE FAMILY RESIDENTIAL |                            |          |           |
| Is the property located in a special flood haza            | rd area? NO                |          |           |

NOTE: Any items that are not applicable to a particular application shall be marked with an "N/A".

| Detail | Pronc | heze | Info  | rmation: |
|--------|-------|------|-------|----------|
| Dean   | TION  | JUL  | ALL V | <u> </u> |

| 16. Existing and proposed number of units, if applicable | EXISTING - ONE |
|----------------------------------------------------------|----------------|
|----------------------------------------------------------|----------------|

| 17. Are any extensions of municipal facilities or utilities involved with this application? Y N                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| If answer is YES, describe:                                                                                                                 |  |  |
| 18. 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 Board involving 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 required to be paid attached to this application: XYES INO  |  |  |
| 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 Moundouth:  Frank E. Dades  being of full age, being duly sworn according to                                |  |  |
| Law, on oath depose and says that all the above statements are true.                                                                        |  |  |
| HM60-111                                                                                                                                    |  |  |
| (Original Signature of Applicant to be Notarized)                                                                                           |  |  |
| FRANK E. O MES (Print Name of Applicant)                                                                                                    |  |  |
| Sworn and subscribed before me this                                                                                                         |  |  |
| 25 TH day of AU FUST, 2023                                                                                                                  |  |  |
| CHARLES SPILER Commission # 2320064  Signature of Notary Public  Notary Public, State of New Jersey My. Commission Expires October 12, 2024 |  |  |
| 12,2024                                                                                                                                     |  |  |

# 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 MATTER BEFORE THE <u>LAND USE BOARD</u>                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN THE BOROUGH OF BRADLEY BEACH, STATE OF NEW JERSEY, COUNTY OF MONMOUTH.                                                                                                                                                                                                                                                                                                       |
| /WE,, WITH MAILING ADDRESS OF (Insert Property Owner's Name)                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                 |
| OF FULL AGE BEING DULY                                                                                                                                                                                                                                                                                                                                                          |
| (Insert Property Owner's Mailing Address)                                                                                                                                                                                                                                                                                                                                       |
| SWORN ACCORDING TO LAW AND OATH DEPOSES AND SAYS:                                                                                                                                                                                                                                                                                                                               |
| "I/WE ARE THE OWNER(S) OF THE SUBJECT PROPERTY IN CONNECTION WITH                                                                                                                                                                                                                                                                                                               |
| THIS APPLICATION DESIGNATED AS BLOCK(S)LOT(S)                                                                                                                                                                                                                                                                                                                                   |
| ALSO KNOWN AS                                                                                                                                                                                                                                                                                                                                                                   |
| (Insert physical address of the subject property)                                                                                                                                                                                                                                                                                                                               |
| I/WE AUTHORIZE                                                                                                                                                                                                                                                                                                                                                                  |
| (Insert name of Owney(s)' representative appearing before the Board)                                                                                                                                                                                                                                                                                                            |
| TO APPEAL TO THE LAND USE BOARD OF THE BOROUGH OF BRADLEY BEACH FOR SUCH RELIEF AS MAY BE REQUIRED RELATING TO THE PROPERTY LISTED ABOVE, CONSENT TO SUCH APPEAL AND APPLICATION, AND AGREE THAT ANY DECISION OF THE LAND USE BOARD ON SUCH APPEAL SHALL BE BINDING UPON ME/US AS IF SAID APPLICATION/APPEAL HAS BEEN BROUGHT AND PROSECUTED DIRECTLY BY ME/US AS THE OWNER(S). |
| (Original Signature of Owner to be Notarized)                                                                                                                                                                                                                                                                                                                                   |
| (Original Signature of Owner to be Notarized)                                                                                                                                                                                                                                                                                                                                   |
| Sworn and subscribed before me this                                                                                                                                                                                                                                                                                                                                             |
| day of                                                                                                                                                                                                                                                                                                                                                                          |
| [NOTARY SEAL]                                                                                                                                                                                                                                                                                                                                                                   |
| Signature of Notary Public                                                                                                                                                                                                                                                                                                                                                      |

#### 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: 8/27/23

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: FRANK E. O AD ES           | 5                        |
|-----------------------------------------------|--------------------------|
| [please print]                                |                          |
| Property Address: 300 FOURTH NE               | Block 54 Lot 14          |
| Applicant's Name: Frank E. Oaves [Print Name] | [Signature of Applicant] |
| Owner's Name: Frank E. Oades [Print Name]     | [Signature of Owner]     |
| Date: $\frac{6/13/23}{}$                      |                          |