



Borough of Seaside Park

Borough Hall
1701 North Ocean Avenue
P.O. Box B
Seaside Park, NJ 08752

(732) 793-3700 FAX (732) 793-3737

Planning Board

DEVELOPMENT APPLICATION

Application No. _____

See the Development Application Instructions & Filing Procedures for detailed instructions on completing this application. This application, together with the required fee, attachments and supporting documentation, must be filed with the Board Secretary not later than twenty-one (21) days prior to the scheduled Board meeting date.

APPLICANT INFORMATION.

Applicant Name: Robert Hummer
Address: 535 Gregory Ave.
City, State & Zip: Bridgewater, NJ 08807
Telephone: (908) 256-5215 Fax: _____

If Applicant is not the Property Owner, the PROPERTY OWNER AUTHORIZATION section of this application must be completed. Applicant is:

[X] Property Owner [] Tenant [] Contract Purchaser [] Other: _____

If the Applicant is a corporation or partnership, the name, address and percentage of ownership of all persons owning 10% or more of the corporate stock or partnership interest must be disclosed. Applicant is:

[X] Individual(s) [] Corporation [] Partnership [] Other: _____

PROPERTY INFORMATION.

Street Address: 291 N Street, Seaside Park, NJ Block: 63 Lot: 14

Lot Dimensions (feet): 30x79.33 Lot Area (square feet): 2,379.90 Corner Lot [] Yes [X] No

Zoning District: [X] Residential [] Business [] Mixed Use [] Multiple Dwelling [] Boardwalk [] Public

Number of Buildings (excluding garages and storage sheds): _____

Current Use: [] Vacant

[X] Single Family Residence

[] Two Family Residence

[] Multi-Family Residence.....# OF DWELLING UNITS: _____

[] Commercial.....# OF UNITS: _____ TOTAL GROSS FLOOR AREA (SQUARE FEET): _____

[] Hotel-Motel.....# OF DWELLING UNITS (INCLUDING EFFICIENCIES): _____ # OF MOTEL ROOMS: _____

[] Other: _____

Proposed Use: _____ No Change [X]

[] Yes [X] No • Does the proposal increase the present number of uses or dwelling units located on the property or within any building?

[] Yes [X] No • Have there been any previous Planning Board or Zoning Board of Adjustment hearings involving the subject property? If yes, attach a copy of the written decision(s).

[X] Yes [] No • Are there any deed restrictions, covenants or easements effecting the subject property? If yes, attach a copy.

- Yes No • Does applicant own adjacent property?
 Yes No • Is adjacent property vacant?

- Check all applicable items. Property is located within 200 feet of Berkeley Township.
 Property is located within 200 feet of the Borough of Seaside Heights.
 Property is located adjacent to a County Road.
 Property is located adjacent to a State Highway.

PROPOSAL INFORMATION. Summarize the proposed physical changes and use of the property. If the application includes a request for classification approval as an Exempt Site Plan, include the estimated cost of all structural, exterior and interior alterations.

The Applicant is seeking Bulk Variances including Lot Width, Lot Depth and Rear Yard set backs

new, single family residence which will more closely conform with current Bulk Standard requirements.

LOT INFORMATION	Required	Current	Proposed
	LOT WIDTH	50 FEET MIN.	30
LOT DEPTH	50 FEET MIN.	79.33	79.33
LOT AREA	5,000 S.F. MIN.	2,379.90	2,379.90

ON-SITE PARKING INFORMATION	Required	Current	Proposed
	PARKING SPACES	2 MIN	0

BUILDING INFORMATION	Required	Current	Proposed
	FRONT YARD	15 FEET MIN.	3.36
REAR YARD	20 FEET MIN.		18.08
SIDE YARD #1	4 FEET MIN.	1.39	4.08
SIDE YARD #2	4 FEET MIN.	8.01	4.08
BLDG. HEIGHT	23.61 FEET MAX.		23.60
BLDG. COV.	40 % MAX.		39.70%
	951.96 S.F. MAX.	1,021.70 S.F.	944.90 S.F.

BUILDING INFORMATION - Corner Lots Only	Required	Current	Proposed
	FRONT YARD #1	FEET MIN.	
FRONT YARD #2	FEET MIN.		
SIDE YARD #1	FEET MIN.		
SIDE YARD #2	FEET MIN.		
BLDG. HEIGHT	FEET MAX.		
BLDG. COV.	% MAX.		
	S.F. MAX.		

ACTION REQUESTED. PLANNING BOARD

- Appeal Alleging Zoning Officer Error (N.J.S.A. 40:55D-70a)
- Interpretation of Zoning Map or Zoning Ordinance & Special Questions (N.J.S.A. 40:55D-70b)
- Request for "Bulk" Variances (N.J.S.A. 40:55D-70c)
- Request for Use Variance (N.J.S.A. 40:55D-70d)
- Request to Direct Issuance of a Permit to Build in Bed of Mapped Street (N.J.S.A. 40:55D-76a-1)
- Request to Direct Issuance of a Permit to Build on Lot not Abutting a Street (N.J.S.A. 40:55D-76a-2)
- Request for Issuance of Certificate of Non-Conforming Use (N.J.S.A. 40:55D-68)
- Conditional Use Approval (N.J.S.A. 40:55D-67)
- Waiver of Required Submissions
- Extend Time Period for Previously Approved Application

- Exempt Site Plan Classification Approval
- Major Site Plan Approval:
 - Informal Review
 - Preliminary Plat
 - Final Plat
 - Combined Preliminary & Final Plat
 - Amended Preliminary & Final Plat
- Request for Exception to Site Plan Requirements & Standards (N.J.S.A. 40:55D-51b)
- Minor Subdivision Approval
- Major Subdivision Approval:
 - Informal Review
 - Preliminary Plat
 - Final Plat
 - Combined Preliminary & Final Plat
 - Amended Preliminary & Final Plat
- Request for Exception to Subdivision Requirements & Standards (N.J.S.A. 40:55D-51a)

OTHER: _____

APPLICANT'S EXPERTS. (If applicable)

Attorney Robert J. McGowan
 Address 1720 Highway 34, Suite 11
Wall, NJ 07719
 Telephone (732) 359-3735
 Fax (732) 359-3736

Engineer _____
 Address _____
 Telephone (_____) _____
 Fax (_____) _____

Architect John C. Amelchenko - Aquatecture Associates, Inc.
 Address 421 River Ave.
Point Pleasant, NJ 08742
 Telephone (732) 295-3692
 Fax (732) 892-8095

Other _____
 Address _____
 Telephone (_____) _____
 Fax (_____) _____

PROPERTY OWNER AUTHORIZATION. If the Applicant is not the property owner, provide the following information:

Property Owner Name: Robert J. Hummer Jr.
 Address: 535 Gregory Lane
Bridgeport NJ 08807
 Telephone: (908) 256-5215

Subject to applicable penalties, I hereby certify the statements and information submitted with this application are true; that all surveys, plot plans and drawings accurately reflect the current condition of the subject property; and I am the owner of the property the subject of the within application, and that said application is hereby authorized.

12/3/20

Date

[Signature]
 Signature of Property Owner or authorized agent

REVIEW FEE ESCROW AGREEMENT & APPLICANT CERTIFICATION.

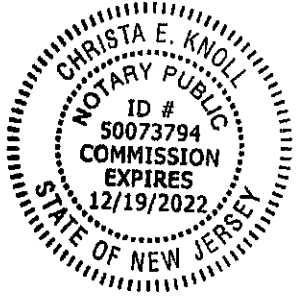
Subject to applicable penalties, it is hereby certified the foregoing statements and information submitted with this application are true and that all surveys, plot plans and drawings accurately reflect the current condition of the subject property. It is further certified the undersigned is the applicant, a general partner of a partnership applicant, or an authorized officer of a corporate applicant.

In accordance with §25 of the Seaside Park Development Regulations Ordinance, the applicant agrees to pay the legal, planning, engineering and other professional costs incurred by the Borough of Seaside Park in reviewing this application, and in the event the initial Review Fee Escrow Deposit is not sufficient to cover the professional charges incurred in reviewing this application, agrees to deposit additional funds as determined by the Borough. The Planning Board or Zoning Board of Adjustment shall not be required to process the application or take further action on the application until such additional deposits are made. If these additional deposits remain unpaid for a period of sixty (60) days, this development application shall be deemed to be withdrawn and shall be dismissed without prejudice. In the event the fees imposed are not paid, any development approvals granted shall be considered null and void.

Sworn to subscribed before me this 3rd
 day of December

[Signature]
 Signature of Applicant or authorized agent

Notary Public



FOR OFFICE USE ONLY

Applicant Name: _____	Block _____ Lot _____
Date Application Filed: _____	
Date Certified Complete: _____	Application No. _____
Scheduled Hearing Date: _____	

Calculation of Application Fee & Escrow Deposit	<i>Application Fee</i>	<i>Escrow Deposit</i>
Totals		

Payments Received		
<i>Date</i>	<i>Cash/Check No.</i>	<i>Amount</i>

Review Costs Charged To Escrow Deposit			Total Escrow Deposit \$ _____
<i>Date</i>	<i>Description</i>		<i>Amount</i>
Total Costs			\$ _____

Refund of Escrow Deposit				Refund Due \$ _____
<i>Date</i>	<i>Resolution No.</i>	<i>Check No.</i>	<i>Amount</i>	

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Robert J. Hummer Jr.

Business name, if different from above

Check appropriate box: Individual/sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
535 Gregory Ave

City, state, and ZIP code
Bridgewater, N.J. 08807

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social Security number
179-04-4406

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ **[Signature]** Date ▶ **12/2/07**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,