



BOROUGH OF METUCHEN

MIDDLESEX COUNTY

Tel. (732) 632-8540 • Fax (732) 632-8100 • 500 Main Street • Metuchen, N.J. 08840

APPLICATION FOR DEVELOPMENT

Control Information (Office Use Only)

21-1293-E	MAGASANO DANIE	5-11-21	7-9-21
Application Number	Applicant Name	Date Received	Date Deemed Complete

1. Application

A. Location

Street Address 429 Main Street
 Block 114 Lot 24, 25, 26 & 66 Zone Redevelopment Zone (Project Area #2)
 Situated on West side of Main Street
 distant 0 ft feet from New Street (Corner of Main Street and New Street)

B. The Site is Located:

Within 200' of Edison Township Adjacent to County Road Adjacent to State Highway

C. Status:

New Revision or Resubmission of Prior Application No. _____

D. Type (Check all that Apply):

Concept Preliminary Final Conditional Use Approval
 Minor Site Plan Major Site Plan Minor Subdivision Major Subdivision
 (a) - Appeal (b) - Interpretation (c) - Variance (Bulk) (d) - Variance (Use)
 Request for Waiver of Submission Requirements Other _____

E. Nature of Relief or Variance Request (List Ordinance Reference Sections)

Section 110-112.B(1)(B): Fence Requirements: Fence in Front Yard proposing a height in excess of 2 ft above grade.

F. Date and Disposition of any previous Board Hearings involving this Site

N/A

G. Plat Submission (List maps and other exhibits accompanying this application)

Preliminary and Final Site Plans, prepared by Kyle C. Kavinski, PE and John A. Pakis, PE
Boundary and Topographic Survey, prepared by Dynamic Engineering
Architectural Plans, prepared by Vincent Wolk, RA, LONGO ARCHITECTS & ASSOCIATES LLC

2. Applicant Information

A. Applicant

First Name Manasquan Bank Phone _____
Last Name Jim Vaccaro Phone _____
Street Address 2221 landmark Place Fax _____
City / State Wall Township, NJ Zip 08736 Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other Mutual Savings Bank of which there are no shareholders.

C. Applicant's Relationship to Owner:

Owner Lessee Purchaser Under Contract Other _____

D. Owner (if other than Applicant, requires Owner's Consent on Page 6)

First Name Same as Applicant Phone _____
Last Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

3. Applicant's Experts

A. Attorney (Required if Applicant is a Corporation; must be a licensed in the State of New Jersey)

Name Henderson & Henderson PC Phone 732 223 0800
Street Address 52 Abe Voorhees Drive PO Box 260 Fax 732-223-3487
City / State Manasquan, NJ Zip 08226 Email keith@hendersonlawfirmnj.com

B. Engineer

Name Dynamic Engineering Phone 732-974-0198
Street Address 1904 Main Street Fax 732-974-3521
City / State Lake Como, NJ Zip 07719 Email kkavinski@dynamiccec.com

C. Architect

Name Vincent Walk, AIA Phone (908) 464-9300
Street Address 36 South Street Fax (908) 464-3123
City / State New Providence, NJ, 07974 Zip _____ Email vince@longopartners.com

D. Other Professional Consultants

Name N/A Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

4. Plat / Plan Data

A. Present Use of Land / Structure

Commercial/Bank

B. Proposed Use of Land / Structure

Commercial/ Drive-In Bank

C. Building Data

Existing :	Floor Area:	<u>13,792 SF</u>	Height in Stories & Feet:	<u>2 Stories; >35 ft</u>
Addition:	Floor Area:	<u>N/A</u>	Height in Stories & Feet:	<u>N/A</u>
New Bldg:	Floor Area:	<u>5,360 SF</u>	Height in Stories & Feet:	<u>2 Stories; >35 f</u>
Total Floor Area:		<u>5,360 SF</u>		

D. Subdivision Data

Area:	Entire Tract:	<u>N/A</u>	Portion being subdivided:	_____
No. of Lots:	Present	_____	Proposed:	_____
No. of Units:	Demolished:	_____	Proposed:	_____
Purpose:	_____			

E. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building:	<u>13,792 SF (2 floors)</u>	<u>5,360 SF (2 Floors)</u>
Floor Area to be Occupied:	<u>13,792 SF (2 Floors)</u>	<u>5,360 SF (2 Floors)</u>
Off-Street Parking:	<u>21</u>	<u>13</u>
Number of Employees:	<u>Approximately 12</u>	<u>Approximately 12</u>
Days & Hours of Operation:	<u>Lobby: Monday-Thursday 8:30-4:00, Friday 8:30-6:00 pm, Saturday 9:00-1:00 pm Drive-In: Monday-Friday 8:00-6:00 pm, Saturday 9:00-1:00 pm</u>	<u>Lobby: Monday-Thursday 8:30-4:00, Friday 8:30-6:00 pm, Saturday 9:00-1:00 pm Drive-In: Monday-Friday 8:00-6:00 pm, Saturday 9:00-1:00 pm</u>

Machinery / Equipment Used: Branch equipment will include Bank Vault, TCR and ATM machines, Safety Deposit Boxes, Universal Banker stations, IT equipment, and security equipment.

Description of Operation(s): Commercial Drive-In Bank

5. Request for Bulk Variance

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area	<u>15,889 SF</u>	<u>15,889 SF</u>	<u>15,889 SF</u>	<input type="checkbox"/>
Min. Lot Width	<u>N/A</u>	<u>83.2 ft</u>	<u>83.2 ft</u>	<input type="checkbox"/>
Min. Lot Depth (Average)	<u>N/A</u>	<u>155.1 ft</u>	<u>155.1 ft</u>	<input type="checkbox"/>
Min. Front Yard Setback	Main St: <u>2 ft</u>	<u>3.7 ft</u>	<u>3.6 ft</u>	<input type="checkbox"/>
	New Street: <u>2 ft</u>	<u>2.5 ft</u>	<u>2.4 ft</u>	
Min. Side Yard Setback (Left)	<u>5 ft</u>	<u>0 ft</u>	<u>5.9 ft</u>	<input type="checkbox"/>
Min. Side Yard Setback (Right)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>
Min. Side Yard Setback (Combined)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>
Min. Rear Yard Setback	<u>100 ft</u>	<u>80.5 ft</u>	<u>114 ft</u>	<input type="checkbox"/>
Max. Building Coverage	<u>25%</u>	<u>34.1%</u>	<u>20.7%</u>	<input type="checkbox"/>
Max. Impervious Coverage	<u>96%</u>	<u>94.0%</u>	<u>94.8%</u>	<input type="checkbox"/>
Max. Height	<u>35 ft</u>	<u><35 ft</u>	<u><35 ft</u>	<input type="checkbox"/>

B. Describe below the nature of the constraints imposed by the physical characteristics of the property.

The Applicant will provide testimony to that effect at the hearing. See attached Addendum of Explanation.

C. Describe below any other exceptional conditions of the property that prevent the applicant from complying with the Zoning Ordinance.

The Applicant will provide testimony to that effect at the hearing.

D. Describe below how not granting this variance request would impose difficulties or undue hardship upon you.

The Applicant will provide testimony to that effect at the hearing.

E. Describe below how the granting of the variance request will not result in substantial detriment to the public good, nor substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinance.

The Applicant will provide testimony to that effect at the hearing.

n/a.

BOROUGH OF METUCHEN
EXPLANATION OF C(2) VARIANCE

5B-5E. The Applicant was requested by the Borough of Metuchen, to erect a masonry wall which is the subject of the variance, and there is no other location to build the wall to have it be parallel with New Street as was requested.

In addition, Applicant believes that the requested variance can be granted under Section C (2) because it relates to (1) a specific piece of property; (2) that the purposes of the MLUL will be advanced by a deviation from the Zoning Ordinance requirement; (3) that the variance can be granted without substantial detriment to the public good; (4) that the benefits of deviation will substantially outweigh any detriment; and (5) that the variance will not substantially impair the intent or purpose of the Zoning Plan or the Zoning Ordinance.

The proposed wall will advance a number of purposes of the MLUL. By definition, a C (2) variance cannot be granted where the deviation advances only the interests of the Applicant. To be granted a C(2) variance, the variance must advance the interests of the community.

The variance relief requested does not advance any interest of the Applicant. Its only purpose is to advance the interests of the community at large. As such, it advances the general welfare of the public, which is the first cited purpose of the MLUL as set forth in NJSA 40:55 D-2.

Furthermore, it also advances the purposes of the MLUL by promoting a desirable visual environment through creative development techniques and good civic design. The Amended Redevelopment Plan permits walls, and it is only the height and location of the wall that require variance relief.

6. Request for Conditional Use Approval / Use Variance

A. Describe below the specifics of the request.

N/A

B. Describe below the special reasons which exist that support the granting of the request.

C. Describe below how the public interest will be served by the granting of the request.

D. Describe below what circumstances exist or what measures will be taken to ensure that, if the request is granted, the surrounding property owners will experience no adverse impact or undue burden.

E. Describe below how the granting of the request will not result in substantial detriment to the public good nor substantially impair the intent and purpose of the Zone Plan and the Zoning Ordinance.

7. Correspondence

A. Person to be contacted in regard to all matters pertaining to this Application (If other than Applicant)

First Name C. Keith Phone 732-223-0800
Last Name Henderson, Esq Phone _____
Street Address PO Box 260, 52 Abe Voorhees Dr Fax 732-223-3487
City / State Manasquan, NJ Zip 08736 Email keith@hendersonlawfirmnj.com

8. Verification and Authorization

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR AN APPLICATION FOR DEVELOPMENT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE APPLICATION RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION.

CONSTRUCTION OF IMPROVEMENTS WILL NOT BE COMMENCED AT THE ABOVE LOCATION UNTIL THE APPLICANT/OWNER IS IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS REGARDING ZONING AND PROPERTY MAINTENANCE AS DEFINED BY THE CODE OF THE BOROUGH OF METUCHEN. THIS APPLICATION AND ASSOCIATED APPROVALS DO NOT WAIVE ANY OTHER RESTRICTIONS OR REGULATIONS IMPOSED PRIVATELY OR BY LAW.

A. Applicant's Verification

I HEREBY CERTIFY THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE.

Name Manasquan Bank c/o James S. Vaccaro, Chairman, President & CEO Date (as revised) 6-15-2021

Signature 

B. Owner's Authorization

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE PROPERTY DESCRIBED HEREON AND THAT I CONCUR WITH THE DOCUMENTS PRESENTED TO THE PLANNING BOARD / ZONING BOARD OF ADJUSTMENT. I HEREBY AUTHORIZE THE APPLICANT TO SUBMIT THIS APPLICATION FOR DEVELOPMENT.

Name Manasquan Bank c/o James S. Vaccaro, Chairman, President & CEO Date (as revised) 6-15-2021

Signature 

Telephone & Fax Number: 732 292 8448 / 732-223-3487