



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)

Application Number	Applicant Name	Date Received	Date Deemed Complete

1. Application

A. Location

Street Address 270 Woodbridge Avenue

Block 164 Lot 49.011 Zone R2

Situated on North side of Woodbridge Avenue

distant 196.58 feet from Main 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 110-53 – Waiver of Major Site Plan Submission Requirements

Section 110-55.2 – Waiver of Green Development Submission Requirements

Section 110-112.2.B.(1)(a) – Fence exceeding maximum permitted height

Section 110-112.B.(4) – Piers exceeding one (1) foot above permitted fence height and exceeding maximum permitted width/depth

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

Planning Board Resolution 10-901 dated March 17, 2011; Planning Board Resolution 10-901 Extension dated January 16, 2014

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

Marcille Architecture Fence Plan dated 5/11/23, Zoning Permit Application, Narrative, Photographs, Survey, Major Site Plan Checklist; Green Development Checklist; Summary of Requested Waivers

2. Applicant Information

A. Applicant

First Name First Presbyterian Church of Metuchen Phone _____
Last Name _____ Phone _____
Street Address 270 Woodbridge Avenue Fax _____
City / State Metuchen NJ Zip 08840 Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other _____

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 _____ 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 John Wiley, Jr. Phone 732-494-6099
Street Address 216 Amboy Avenue Fax 732-494-3944
City / State Metuchen NJ Zip 08840 Email john@wileylavender.com

B. Engineer

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

C. Architect

Name Marcille Architecture Phone 732-662-5824
Street Address 505 Main St., 2nd Fl. Fax 732-662-5826
City / State Metuchen NJ Zip 08840 Email mark@mpm-arch.com

D. Other Professional Consultants

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

4. Plat / Plan Data

A. Present Use of Land / Structure

Church, cemetery, social center, daycare center, manse, associated parking lots

B. Proposed Use of Land / Structure

Removal of existing hedgerow and construction of a 4'-6" tall decorate aluminum fence and

Associated 5'-1" tall piers/columbaria at the front of the existing cemetery, along Woodbridge Avenue

C. Building Data

Existing :	Floor Area:	<u>22,489sf (all buildings)</u>	Height in Stories & Feet:	_____
Addition:	Floor Area:	_____	Height in Stories & Feet:	_____
New Bldg:	Floor Area:	_____	Height in Stories & Feet:	_____
Total Floor Area:		<u>22,489sf</u>		

D. Subdivision Data N/A

Area:	Entire Tract:	_____	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:	_____	_____
Floor Area to be Occupied:	_____	_____
Off-Street Parking:	_____	_____
Number of Employees:	_____	_____
Days & Hours of Operation:	_____	_____
Machinery / Equipment Used:	_____	_____
	_____	_____
	_____	_____
	_____	_____
Description of Operation(s):	_____	_____
	_____	_____
	_____	_____
	_____	_____

5. Request for Bulk Variance

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area	7500sf	321,492sf	No change	<input type="checkbox"/>
Min. Lot Width	50ft	875ft	No change	<input type="checkbox"/>
Min. Lot Depth (Average)	100ft	382ft	No change	<input type="checkbox"/>
Min. Front Yard Setback	25ft	31.6ft	No change	<input type="checkbox"/>
Min. Side Yard Setback (Left)	8ft	630ft	No change	<input type="checkbox"/>
Min. Side Yard Setback (Right)	8ft	154.06ft	No change	<input type="checkbox"/>
Min. Side Yard Setback (Combined)	18ft	102.4ft	No change	<input type="checkbox"/>
Min. Rear Yard Setback	25ft	40.9ft	No change	<input type="checkbox"/>
Max. Building Coverage	30%	8.6%	No change	<input type="checkbox"/>
Max. Impervious Coverage	50%	30.2%	No change	<input type="checkbox"/>
Max. Height	35ft/3 story	35ft	No change	<input type="checkbox"/>

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

To be provided at hearing

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

To be provided at hearing

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

To be provided at 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.

To be provided at hearing

6. Request for Conditional Use Approval / Use Variance N/A

A. Describe below the specifics of the request.

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	John	Phone	732-494-6099
Last Name	Wiley	Phone	7
Street Address	216 Amboy Ave	Fax	732-494-3944
City / State	Metuchen NJ	Zip	08840
		Email	john@wileylavender.com holly@wileylavender.com

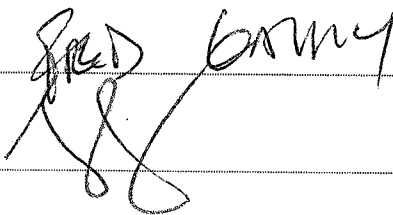
8. Verification and Authorization

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 _____ Date 9/26/23
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 _____ Date _____

Signature _____

Telephone & Fax Number: _____