



# 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 1 Safety Place

Block 132 Lot 10-27, 40-52 Zone R-2

Situated on North side of Safety Place

distant 0 feet from Essex Avenue

#### 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 Capital Improvement Submission

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

Pursuant to NJSA 40:550-26(b), NJSA 40:550-31 and 110-200(G) of the MCO, the Borough of Metuchen has referred and filed the appropriate documentation for a capital project and courtesy review by the Planning Board

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

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

Zoning Permit, Project Narrative, Site Photos, Architectural Plans

**2. Applicant Information**

**A. Applicant**

First Name Borough of Metuchen Phone 732-632-8509  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address 500 Main Street Fax \_\_\_\_\_  
City / State Metuchen, NJ Zip 08840 Email \_\_\_\_\_

**B. Applicant is a/an:**

Individual     Partnership     Corporation     Other Municipality

**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 Borough of Metuchen, First Aid Squad Phone \_\_\_\_\_  
Last Name Robert White 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 Dennis G. Murphy, Esq. Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**B. Engineer**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**C. Architect**

Name H2M Architects Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**D. Other Professional Consultants**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**4. Plat / Plan Data**

**A. Present Use of Land / Structure**

Existing Safety Council Building, 2 story  
frame building lots 3, 4, 5, 6, 45, 44, 43, 42, 41, 40, 36-38

**B. Proposed Use of Land / Structure**

49-52 and 74-27 are vacant  
New EMS Building and out building

**C. Building Data**

Existing :	Floor Area:	_____	Height in Stories & Feet:	_____
Addition:	Floor Area:	_____	Height in Stories & Feet:	_____
New Bldg:	Floor Area:	12,240 SF / 3,600 SF	Height in Stories & Feet:	_____
Total Floor Area:		12,240 SF and 3,600 SF		

**D. Subdivision Data**

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	7500 sf			<input type="checkbox"/>
Min. Lot Width	62.5 ft			<input type="checkbox"/>
Min. Lot Depth (Average)	100 ft			<input type="checkbox"/>
Min. Front Yard Setback	25 ft		10 ft / 54.14 ft	<input type="checkbox"/>
Min. Side Yard Setback (Left)	8 ft		15 ft / 40 ft	<input type="checkbox"/>
Min. Side Yard Setback (Right)	8 ft		39 ft / 90.33 ft	<input type="checkbox"/>
Min. Side Yard Setback (Combined)	18 ft		54 ft / 50.33	<input type="checkbox"/>
Min. Rear Yard Setback	25 ft		22.40 ft /	<input type="checkbox"/>
Max. Building Coverage	30 %			<input type="checkbox"/>
Max. Impervious Coverage	50 %			<input type="checkbox"/>
Max. Height	35 ft / 3 stories			<input type="checkbox"/>

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

N/A

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

N/A

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

N/A

**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.**

N/A

**6. Request for Conditional Use Approval / Use Variance**

**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 \_\_\_\_\_ Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**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 Borough of Metuchen Date 3-15-2024  
Signature Melissa Paulstein

**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 Borough of Metuchen Date 3-15-2024  
Signature Melissa Paulstein  
Telephone & Fax Number: 732-632-8514