



# 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)

Metuchen 100 3-30-22

Application Number	Applicant Name	Date Received	Date Deemed Complete

### 1. Application

#### A. Location

Street Address 424 MIDDLESEX AVE., METUCHEN, NJ  
Block 104 Lot 24 & 25 Zone R-1  
Situating on WESTSIDE RT. 27 side of \_\_\_\_\_  
distant 0' feet from LINDEN AVE.

#### 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)

NEED OUTDOOR DINING AS ADJUNCT TO  
EXISTING RESTAURANT OPERATIONS

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

2010 TO REBUILD STRUCTURE AFTER FIRE - ZONING BOARD  
OF ADJUSTMENT APPROVAL #10-891 DATED 8/12/10 AMENDED ON 1/12/12

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

SEE ATTACHED PLAN WAS PREPARED BY  
MIKE TESTA, ARCHITECT.

**2. Applicant Information**

**A. Applicant**

First Name VICON FOODS (S) Phone 732 494 6444  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address 424 MIDDLESEX AV. Fax 732 494 6414  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email CCOSTAS.PAP@AOL.COM

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

Individual  Partnership  Corporation(S)  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 DORF TRUST Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State BOSTON MA 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 FRED DUBOWSKY ESQ Phone 732 287 2660  
Street Address 1996 RT 27 SUITE 6 Fax 732 287 6757  
City / State EDISON NJ Zip 08817 Email DUBOWSKY@OUTLOOK.COM

**B. Engineer**

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

**C. Architect**

Name MICHAEL TESTA Phone 732 972 9177  
Street Address 701 TENNENT RD Fax \_\_\_\_\_  
City / State MANALAPAN NJ Zip 07726 Email MTESTA@MVTAARCHITECT.COM

**D. Other Professional Consultants**

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

**4. Plat / Plan Data**

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

EXISTING UNCOVERED OUTDOOR DINING PATIO FOR  
EXISTING RESTAURANT

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

EXPAND EXISTING OUTDOOR DINING PATIO & INSTALL  
NEW RETRACTABLE ROOF AND PAVILION STRUCTURE.

**C. Building Data**

Existing :	Floor Area:	<u>6322</u>	Height in Stories & Feet:	<u>0</u>
Addition:	Floor Area:	<u>432</u>	Height in Stories & Feet:	<u>11'0" +/-</u>
New Bldg:	Floor Area:	_____	Height in Stories & Feet:	_____
Total Floor Area:		_____	_____	

**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:	<u>4402 +/-</u>	<u>0</u>
Floor Area to be Occupied:	<u>4402 +/-</u>	<u>0</u>
Off-Street Parking:	<u>22</u>	<u>22</u>
Number of Employees:	_____	_____
Days & Hours of Operation:	<u>7 DAYS A WEEK 12:00 PM TO 10:00 PM.</u>	
Machinery / Equipment Used:	<u>OUTDOOR HEATERS &amp; FANS</u>	
Description of Operation(s):	<u>BAR / RESTAURANT - LIQUOR</u> <u>LICENSE PRINCIPAL BASE LOCAL</u> <u>COMMUNITY</u>	

**5. Request for Bulk Variance**

**A. Bulk Regulations**

District Requirements	Present	Proposed	Variance
Min. Lot Area	25,535 sq ft	25,535 sq ft	<input type="checkbox"/>
Min. Lot Width	138.49		<input type="checkbox"/>
Min. Lot Depth (Average)	117.46		<input type="checkbox"/>
Min. Front Yard Setback	25'		<input type="checkbox"/>
Min. Side Yard Setback (Left)	10'		<input type="checkbox"/>
Min. Side Yard Setback (Right)	10'		<input type="checkbox"/>
Min. Side Yard Setback (Combined)	20'		<input type="checkbox"/>
Min. Rear Yard Setback	25'		<input type="checkbox"/>
Max. Building Coverage	30%		<input type="checkbox"/>
Max. Impervious Coverage	40%		<input type="checkbox"/>
Max. Height	35'3"		<input type="checkbox"/>

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

NONE

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

NEED OUTDOOR DINING TO ACCOMMODATE THE CONCERNS OF METUCHEN ELDERLY CUSTOMERS IN FEAR OF PANDEMIC & ACCOMMODATE OCCASIONAL OUTDOOR AFFAIRS.

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

WE COULD NOT CONTINUE OPERATIONS LONG TERM WITHOUT IT. THE VIRUS AMONG CLIENTELLE WILL SURVIVE THE CORONA

**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 PUBLIC GOOD WILL BE ENHANCED, AS IT IS WHAT THE PUBLIC DEMANDS. OPERATION OF PHYSICAL ACTIVITIES WILL BE UNCHANGED. MOVING CLIENTELLE TO SAFETY ALL ON SITE KEEPING SPACE BETWEEN PATRONS.

**7. Correspondence**

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

First Name CONSTANTINE PAPANICOLAOU Phone 732.547.5106  
Last Name PAPANICOLAOU Phone \_\_\_\_\_  
Street Address 31 BLOOMFIELD AVE. Fax \_\_\_\_\_  
City / State MANGLAPAN, NJ Zip 07226 Email CCOSTASPAP@AOL.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 CONSTANTINE PAPANICOLAOU Date \_\_\_\_\_

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 Typed Dubrowsky Date 4/4/2

Signature 

Telephone & Fax Number: 732-287-2600  
732 287-6757



**BOROUGH OF METUCHEN** MIDDLESEX COUNTY  
 Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

Permit #	_____
Received	_____
Issued	_____
Payment	_____
Amount	_____

## ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

**1. Location**  
 Street Address 424 MIDDLESEX AVE., METUCHEN  
 Block 104 Lot 24 & 25 Zone \_\_\_\_\_

**2. Applicant**  
 Name CONSTANTINE PAPANICOLAOU Phone 732-547-5106  
 Street Address 31 BLUEFIELD AVE Fax \_\_\_\_\_  
 City / State MANLAPPA, NJ Zip 07966 Email CCOSTAS.PAP@AOL.COM

**3. Owner** (If other than Applicant)  
 Name DORF TRUST Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City / State BOSTON, MA Zip \_\_\_\_\_ Email \_\_\_\_\_

**4. Present or Previous Use of Building and/or Land**

Detached Single-Family   
  Attached Single-Family   
  Two-Family Residence   
  Multi-Family Residence  
 Commercial   
  Office   
  Industrial   
 Other RESTAURANT

**5. Proposed Use of Building and/or Land**

New Principal Structure   
  Addition / Alteration / Deck / Porch   
 New Accessory Structure  
 Parking Lot / Driveway   
 Patio / Walkway   
 Fence / Wall  
 Change of Use / Occupancy   
 Sign   
 Other CANOPY

**6. Describe Proposed Work or New Use**  
NEW COVERED OUTDOOR PATIO.

**7. Non-Residential Use Data**

	Present	Proposed
Total Floor Area of Building	<u>535 SF PATIO</u>	<u>432 SF</u>
Floor Area to be Occupied	<u>535 SF PATIO</u>	<u>432 SF</u>
Off-Street Parking Spaces	<u>12</u>	<u>0</u>
Numbers of Employees	_____	_____
Days & Hours of Operation	_____	_____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT 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 PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name CONSTANTINE PAPANICOLAOU Date 2.10.22  
 Signature

## Proposal

we want to expand variance to include outdoor dining in accordance with the ~~Plan~~ <sup>Plan</sup> that is provided by architect.

**STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

<b>IN THE MATTER OF</b>	)	
<b>THE EXTENSION OF CERTAIN</b>	)	<b>ADMINISTRATIVE ORDER 2021-01</b>
<b>COVID-19 EXPANSION PERMITS</b>	)	<b>EXTENDING CERTAIN</b>
	)	<b>COVID-19 EXPANSION PERMITS</b>
_____	)	

**BY THE DIRECTOR:**

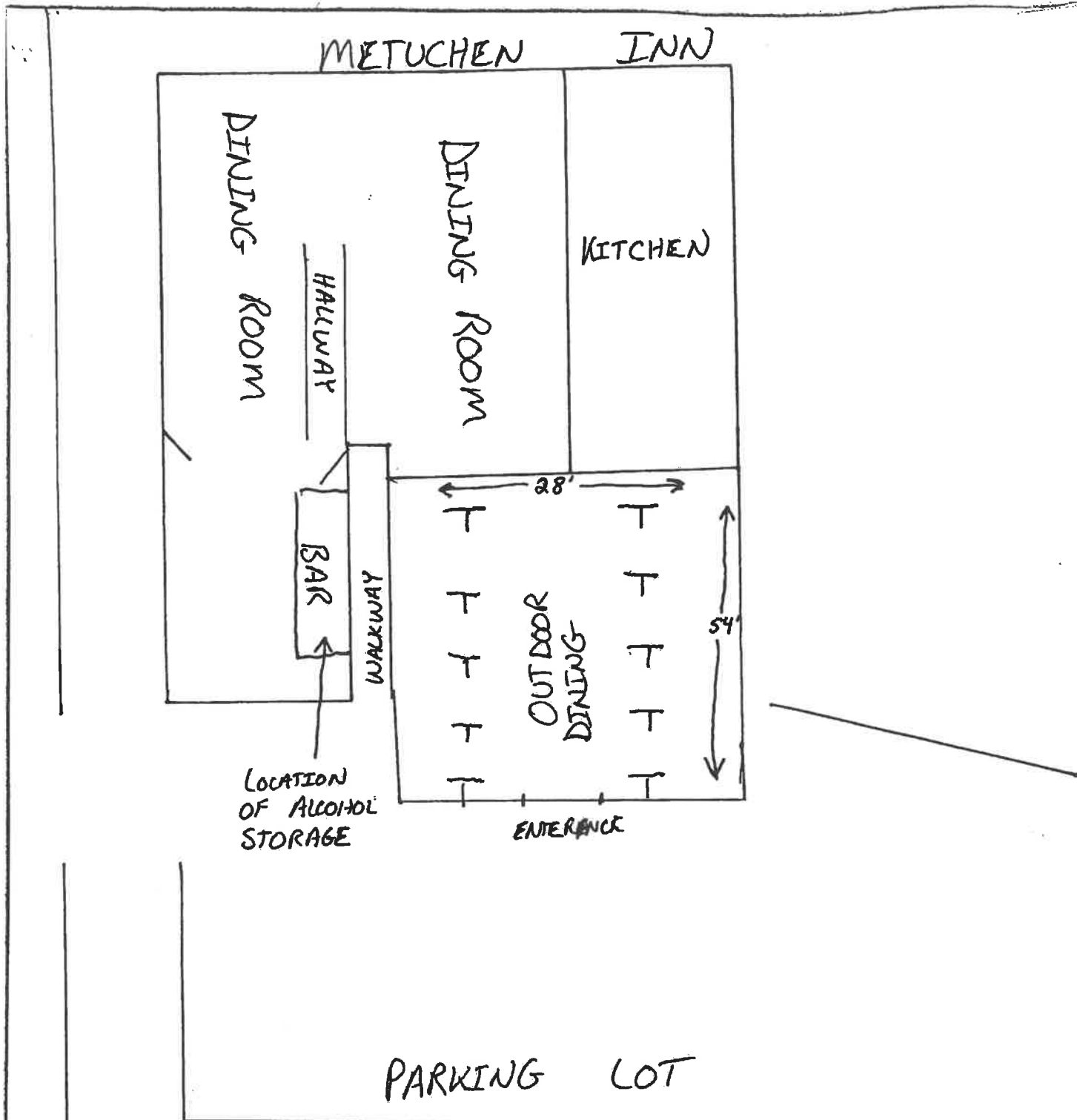
On February 5, 2021, Governor Murphy signed P.L.2021, c.15 which, among other things, expands opportunities for restaurants, bars, distilleries, and breweries to provide outdoor dining, in response to the COVID-19 public health emergency. The law further establishes protocols for municipal review and approval for owners or operators of a restaurant, bar, distillery, or brewery to extend their business premises so that they are able to sell food and beverages in adjacent outdoor spaces and on public sidewalks<sup>1</sup>. It also mandates extension of the expiration date of all COVID-19 Expansion Permits issued by the Director pursuant to the provisions of Special Ruling No. 2020-10 until November 30, 2022 or the date on which indoor dining resumes without capacity limitations, whichever is later.

Pursuant to N.J.S.A. 33:1-74, the Director has the authority to issue temporary permits "where it would be appropriate and consonant with the spirit of [Title 33] to issue a license but the contingency has not been expressly provided for ...". The Director determined, following issuance of Executive Order No. 150 (2020) by Governor Murphy, that it was necessary to create a temporary permit, known as the COVID-19 Expansion Permit, to allow certain licensees to serve alcoholic beverages in outdoor spaces. In line with the broad powers given to the Director by N.J.S.A. 33:1-39 and -74, this permit was

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<sup>1</sup> Plenary winery and farm winery licensees were not included in the law so those licensees are not subject to the protocols for municipal review and approval established by P.L. 2021, c.15. However, if a plenary or farm winery licensee received a COVID-19 Expansion Permit issued by the Division, that permit is automatically extended by operation of P.L. 2021, c. 15 and this Administrative Order.





ALCOHOL WILL BE CONSUMED ONLY AT TABLES.  
 IDENTIFICATION WILL BE CHECKED BY WAIT STAFF.

ALL TABLES AND CHAIRS SEPERATED BY  
 6 FEET AT MINIMUM