



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)

21-1300 E	51 Holly Road Assoc.	5-14-21	6-28-21
Application Number	Applicant Name	Date Received	Date Deemed Complete

1. Application

A. Location

Street Address 581-587 Middlesex Avenue

Block 113 Lot 39, 41 & 43 Zone Project Area #4

Situated on south side of Middlesex Avenue

distant 0 feet from Center 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)

None

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

Redevelopment Resolution Dated 12/14/20

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

Site Plan prepared by Meridian Engineering Sheets 1-8 dated 2/10/21

Architectural Plan prepared by Marcille Architects dated 12/9/20

Drainage Report prepared by Meridian Engineering dated 12/17/20

2. Applicant Information

A. Applicant

First Name 51 Holly Road Associates LLC Phone _____
Last Name _____ Phone _____
Street Address 37 Lexington Drive Fax _____
City / State Metuchen NJ Zip 08840 Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other Limited Liability Company

C. Applicant's Relationship to Owner:

Owner Lessee Purchaser Under Contract Other _____
Lots 39-41 Lot 43

D. Owner (If other than Applicant, requires Owner's Consent on Page 6) of Lot 43

First Name Martin E. Dorf Trustee Phone _____
Last Name c/o Fred Dubowsky Esq. Phone _____
Street Address 1996 Route 27, Suite 6 Fax _____
City / State Edison NJ Zip 08817 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 Meridian Engineering Group Phone 732-205-8288
Street Address 1199 Amboy Ave. Suite 1D Fax 732-719-7208
City / State Edison NJ Zip 08837 Email les@meridianegi.com

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

Vacant Land (Lots 39 & 41) 2 1/2 story frame dwelling

B. Proposed Use of Land / Structure

20 unit apartment building

C. Building Data

Existing :	Floor Area:	_____	Height in Stories & Feet:	2 1/2 story
Addition:	Floor Area:	_____	Height in Stories & Feet:	_____
New Bldg:	Floor Area:	_____	Height in Stories & Feet:	34.6ft 3 story
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:	_____	_____
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	15,472.5sf	15,472.5sf	15,472.5sf	<input type="checkbox"/>
Min. Lot Width				<input type="checkbox"/>
Min. Lot Depth (Average)				<input type="checkbox"/>
Min. Front Yard Setback	Middlesex 10.8' Center 10'	Middlesex 17.5' Center 91.9'	Middlesex 10.83' Center 10.51'	<input type="checkbox"/>
Min. Side Yard Setback (Left)				<input type="checkbox"/>
Min. Side Yard Setback (Right)	42'	56.9'	45.34'	<input type="checkbox"/>
Min. Side Yard Setback (Combined)				<input type="checkbox"/>
Min. Rear Yard Setback	5'	5.3'	5'	<input type="checkbox"/>
Max. Building Coverage	50%	67.7%	44.2%	<input type="checkbox"/>
Max. Impervious Coverage	90%	21.8%	85.1%	<input type="checkbox"/>
Max. Height	35'/3 story	<35'/2 1/2 story	34.6'/3 story	<input type="checkbox"/>

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

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

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

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.

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	
Street Address	216 Amboy Avenue	Fax	732-494-3944
City / State	Metuchen NJ 08840 Zip	Email	john@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	John Wiley, Jr. Attorney for Applicants	Date
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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	Martin E. Dorf Trustee	Date
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Signature Martin E Dorf

Telephone & Fax Number: tel 617.432.1978 FAX 617.432.2789

Name: Jamie Goffon, Managing Member of 51 Holly Road Associates LLC

Signature: _____
Date: _____