

BOROUGH OF MADISON

Borough of Madison, 50 Kings Road, Madison, New Jersey 07940

APPLICATION FOR DEVELOPMENT

Planning Board

Date of First Submission: _____

Board of Adjustment

Valid Application Date: _____

App. Number: 7-20-019

Completeness Date: _____

1. PROPERTY INFORMATION

Address: 6 Washington Drive

Zone: R-2

Tax Map Number: 37

Block: 36

Lot(s): 3702

Present Use: Single Family Residential.

Has there been any previous application involving these premises by the applicant or any prior owner of the property? Yes No Unknown ; if unknown, provide copy of OPRA Request to Borough

If yes, nature of application, date and determination: Variance for rear yard addition

Does the applicant own adjacent property? Yes No If yes, address of property: _____

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:

Yes [attach copies] No Proposed

2. APPLICANT INFORMATION

Name: David + Theresa Blackwell

Address: 6 Washington Drive

City/State/Zip: Madison, New Jersey 07940

Phone #: 201-400-2617

Fax: _____

Email: tblackwell@fingerpaint.com

Applicant is a(n): Individual Partnership Corporation

CONTACT FOR APPLICATION

Name: David + Theresa Blackwell

Address: 6 Washington Drive

City/State/Zip: Madison, New Jersey 07940

Phone #: 201-400-2617

Fax: _____

Email: tblackwell@fingerpaint.com

3. DISCLOSURE STATEMENT

Pursuant to end. N.J.S.A. 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership application must be disclosed. In accordance with N.J.S.A. 40:55D-48.2 that disclosure agreement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up in the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to comply).

Name: _____ Address: _____ Interest: _____

4. OWNER'S INFORMATION

If the Owner is other than the applicant, provide the following information on the Owner(s):

Owner's Name: David + Theresa Blakwell

Address: 6 Washington Drive

Telephone Number: 201-400-2617

OWNER MUST SIGN ATTACHED AUTHORIZATION

5. APPLICANT'S ATTORNEY (Corporations must be represented by an attorney)

Name: _____

Address: _____

Phone #: _____ Fax: _____ Email: _____

6. APPLICANT'S ENGINEER

Name: _____

Address: _____

Phone #: _____ Fax: _____ Email: _____

7. APPLICANT'S ARCHITECT

Name: _____

Address: Jerry Anthony Bruno Jr, AIA, 9 Farrington Street, West Caldwell, NJ 07006

Phone #: 973-951-9239 Fax: _____ Email: jerry@jerrybrunoarchitect.com

8. NATURE OF THE APPLICATION (Check applicable items)

- | | |
|---|---|
| <input type="checkbox"/> Concept review | <input type="checkbox"/> Conditional use approval |
| <input type="checkbox"/> Minor subdivision | <input type="checkbox"/> Zone change |
| <input type="checkbox"/> Major subdivision, preliminary | <input type="checkbox"/> Site plan approval, preliminary residential |
| <input type="checkbox"/> Major subdivision, final | <input type="checkbox"/> Site plan approval, preliminary non-residential |
| <input type="checkbox"/> Use variance | <input type="checkbox"/> Site plan approval, final |
| <input type="checkbox"/> Variance, residential fence or deck | <input type="checkbox"/> Amendments to approved site plans |
| <input checked="" type="checkbox"/> Variance, other residential | <input type="checkbox"/> Change of permitted use with waiver of site plan |
| <input type="checkbox"/> Variance, other non-residential | <input type="checkbox"/> Appeal from administrative decision |
| | <input type="checkbox"/> Interpretation of zoning ordinance |

9. BRIEF DESCRIPTION OF PROJECT: Indicate type of improvement, alteration, structure, or use proposed; describe all structures, improvements, and uses now on the property. For any non-residential, business, or commercial use provide hours of operation, number of employees, number of parking spaces, intention to sell or rent, and any other information important for consideration:

The project scope of work is to add a bathroom and closet over an existing one story garage.

10. DOES THE APPLICATION COMPLY WITH ALL REQUIREMENTS OF THE ZONE: If not, state violation, article, section and variance requested and state principle points on which the variance request is made. Use a separate sheet if necessary. Attach any letter or document from the Zoning Official of the Borough of Madison which has been issued to you regarding this property.

The project requires a variance for the rear yard, front yard setback, building coverage, and lot coverage. The existing property is non-conforming to the setbacks, building coverage, and lot coverage. The addition will not increase the setbacks and coverages due to the location over an existing one story garage. The addition design will be compatible to the existing exterior house fabric.

11. LIST ANY OTHER LICENSES, PERMITS, OR OTHER APPROVALS REQUIRED BY MUNICIPAL, COUNTY, STATE, OR FEDERAL LAW AND THE STATUS OF EACH.

I hereby affirm that all of the above and statements contained in the papers submitted here with our true.

Signature of the Applicant:

A handwritten signature in black ink, appearing to be "D. M. W.", written over a horizontal line.

Date:

9/9/20

IF THIS APPLICATION IS SUBMITTED BY ANYONE OTHER THAN THE OWNER, THE OWNER MUST EXECUTE THE CONSENT WHICH IS ATTACHED TO THIS APPLICATION.