

TOWN OF HARRISON

310

STANDARD DEVELOPMENT APPLICATION

GENERAL INSTRUCTIONS: To the extent possible, applicant shall complete every question. When completed, this application shall be submitted to the Board Secretary. The proper application and escrow fees must accompany the application. Do not advertise for a public hearing until you are advised to do so by the Board.

Indicate to which Board application is being made:

Planning Board *Board of Adjustment*

Indicate all approvals and variances being sought:

<input type="checkbox"/> Informal Review	<input type="checkbox"/> Major Site Plan	<input type="checkbox"/> Conditional Use Variance
<input checked="" type="checkbox"/> "C" Variance(s)	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Interpretation
<input checked="" type="checkbox"/> "D" Variance	<input type="checkbox"/> Prelim. Major Subdivision	
<input type="checkbox"/> Waiver of Site Plan	<input type="checkbox"/> Final Major Subdivision	
<input type="checkbox"/> Minor Site Plan	<input type="checkbox"/> Appeals from Decision of Admin. Officer	

1. APPLICANT

Name Selgrove Group LLC	Address 636 Kearny Avenue		
City Kearny	State NJ	Zip 07032	Telephone 201-997-7000

NOTE: If applicant is not the property owner an affidavit of ownership granting permission to apply must accompany this form.

2. PROPERTY OWNER (if other than applicant)

Name Estate of Olga Wolff	Address P.O. Box 203		
City Blairstown	State NJ	Zip 07825	Telephone

3. APPLICANT'S ATTORNEY (if applicable)

Name Gary D. Bennett	Address 70 Midland Avenue		
City Kearny	State NJ	Zip 07032	Telephone 201-991-1111

TO BE COMPLETED BY TOWN STAFF ONLY

Date Filed:

Application No. _____

Planning Board

Application Fees _____

Board of Adjustment

Escrow Deposit _____

Scheduled for Completeness Review _____

Scheduled for Hearing _____

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Applicant is a(n):

 Corporation Partnership Individual

Pursuant to N.J.S.A. 40:55D - 48.1 & 48.2 corporations and partnerships making certain applications are required to list the names and addresses of partners or shareholders owning ten percent or more interest in the partnership or corporation.

4. SUBJECT PROPERTY

Street Address 517 Bergen Street	Block(s) and Lot(s) Numbers 155, Lot 28	
Site Acreage 2,500 sq.ft.	Zone District(s) CC	Tax Sheet No.
Present Use <u>One Family Dwelling</u>		
Proposed Use <u>Two family dwelling</u>		

5. SITE AND BUILDING STATISTICS (attach additional sheets if necessary)

Area 2,500 sq.ft.	Dimensions 25'x100'
Does Property Front on a County or State Road? NO	Number of Parking Spaces and Dimensions
Dimensions of Loading Area n/a	Number of New Buildings 1
Square Feet of New Buildings 988 sq.ft.	Height 34'8"
Exterior Construction Material Stone and vinyl siding	Total Cost of Building and Site Improvements Unknown
Number of Lots Before Subdivision n/a	Number of Lots After Subdivision n/a
Are Any New Streets or Utility Extensions Proposed? NO	Number of Proposed Signs and Dimensions NONE
Are Any Structures to be Removed? Existing structure to be razed	Is the Property Within 200 Feet of an Adjacent Municipality? If so, which? NO

Are there any existing or proposed deed restrictions or covenants? Please detail.

NONE

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6. VARIANCES

Indicate Type of Variance(s) sought:

"D" Variance Type (use, density, etc.) Use Variance

"C" Variance Type (use, density, etc.) Bulk variances-existing and side yard,
Rear yard, front yard

7. HISTORY OF PAST APPROVALS

Check Here if None

	APPROVED	DENIED	DATE
<i>Subdivision</i>			
<i>Site Plan</i>			
<i>Variance(s)</i>			
<i>Building Permit</i>			

8. NAMES OF APPLICANT'S EXPERTS

Engineer's Name		Architect	Address		
Puzio Architects			785 Totowa Road		
City		State	Zip	Telephone	License #
Totowa		NJ	07512	973-904-0094	AI 15225
Surveyor's Name			Address		
GB Engineering LLC			144	Jewell	Street
City		State	Zip	Telephone	License #
Garfield		NJ	07026	973-340-0948	GB40959
Planner's Name			Address		
City		State	Zip	Telephone	License #
Traffic Engineer's Name			Address		
City		State	Zip	Telephone	License #

List any other expert who will submit a report or who will testify for the Applicant (include field of expertise).

Name and Field of Expertise		Address		
City	State	Zip	Telephone	License #
Name and Field of Expertise		Address		
City	State	Zip	Telephone	License #

KENNETH P. DAVIS, M.D.
Admiralty in Aid to the Estate of Olga Motte
Executive of the Estate of Olga Motte

NOTARIAL

KENNEDY P. DAVIS 159

विषयपत्रक

THE GENEVA CONVENTION

Application Fees	550.00
Admission Fees	175.00
Residence Fees	2,050.00
Total Fees	2,725.00

10. FEES SUBMITTED

9. OTHER APPROVALS WHICH MAY BE REQUIRED AND DATE OF PLANS

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9. OTHER APPROVALS WHICH MAY BE REQUIRED AND DATE OF PLANS SUBMITTED

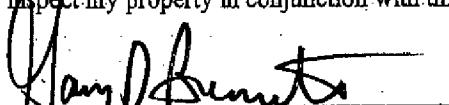
	YES	NO	DATE PLANS SUBMITTED
Hudson County Health Department		xxx	
Hudson County Planning Board		xxx	
Hudson-Bergen-Essex Soil Conservation Service		xxx	
NJDEP		xxx	
• Sanitary Sewer Connection Permit			
• Waterfront Development Permit			
• Other (specify)			
New Jersey Department of Transportation		xxx	
Other (specify)			
Other (specify)			
Other (specify)			

10. FEES SUBMITTED

<i>Application Fees</i>	550.00
<i>Variance Fees</i>	175.00
<i>Escrow Fees</i>	2,000.00
Total Fees	2,725.00

11. CERTIFICATION

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I hereby permit authorized Town officials to inspect my property in conjunction with this application.


 SIGNATURE OF APPLICANT
 GARY D. BENNETT, Attorney for
 Applicant

PROPERTY OWNER AUTHORIZING APPLICATION

Sworn to and subscribed before me this
 12th day of February, 2022


 NOTARY PUBLIC
 CONSTANCE P. HERBSTER
 Notary Public New Jersey
 My Commission Expires December 8, 2026

AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY)
SS:
COUNTY OF HUDDSON)

Theresa O'Neill of full age, being duly sworn according to

law on oath deposes and says that the deponent resides at 517 Bergen Street, Harrison
in the Municipality of Harrison, in the County of Hudson

and is the owner in fee of all that certain lot, piece or parcel of land situated and designated
as Case Number

(Owner to sign here) KENNETH J. DAVIE, Esq.
Attorney in Fact for Theresa O'Neill
Executor of the Estate of Olga Wolff

AUTHORIZATION

(If anyone other than the above owner is making this application the following authorization
must be executed.)

To the Board of Adjustment

Planning Board

Seligman Group LLC

is hereby authorized to make the

within application.

Dated: Feb 17, 2022

(Owner to sign here) Kenneth J. Davie
Attorney in Fact for
Theresa O'Neill
Executor of the
Estate of Olga Wolff

NOTARY PUBLIC OF

Jan R. Kramniewski
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 7/22/2024

Applicant: Selgrove Group LLC
Premises: 517 Bergen Street, Harrison, New Jersey

Development Description and Waiver Requested:

The applicant intends to demolish the existing one family dwelling located in a CC Zone and construct a new two-family dwelling, together with pre-existing non-conforming conditions (1) lot area of 2,500 sq. ft. instead of 10,000 sq. ft. (2) lot width of 25' instead of 100' and variances for the following:

(1) deminimus exception for parking for RSIS, (2) Rear yard setback of 25' instead of 35', (3) HVAC units in rear yard set back, (4) steps in front yard set back, (5) side yard setbacks of 3.05 ft. instead of 10', and any other provisions of the Zoning Code deemed necessary by the Board at the time of the hearing

Applicant seeks to erect a new two-family dwelling to replace the existing antiquated structure. Although the zone has been changed the character of the immediate neighborhood remains residential. The subject property is surrounded by residential properties including on either side. The size of the lot would not permit any commercial development and is best suited for an upgraded two-family dwelling which would be keeping with the neighborhood scheme. The requested variance relief can be granted without impairing the intent and purpose of the zoning code due to the existing residential nature of this site. Granting of the variances will allow for increased off street parking and an appropriate residential development with setback, side yard and rear yards required for similar two-family dwellings.

W-9

Form
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
SELGROVE GROUP LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the the above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ► _____	
5 Address (number, street, and apt. or suite no.) 636 Kearny Avenue	
6 City, state, and ZIP code Kearny, NJ 07032	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	_____	- _____	- _____	_____	_____
------------------------	-------	---------	---------	-------	-------

or	Employer identification number	_____	_____	_____	_____	_____
3 3 - 1 0 0 6 0 5 2						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ►
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Date ►

2/17/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

17-74.5 Application Checklist

TOWN OF HARRISON		Yes	No
APPLICATION CHECKLIST GENERAL REQUIREMENTS FOR ALL DEVELOPMENT APPLICATIONS			
Applicant's Name <u>Si Selgrove Group, LLC</u>			
Application # _____			
Items Required:			
1. Fees and escrow.		✓	
2. Certification of taxes paid.		✓	
3. Plot plan, site plan or subdivision plan; number of copies specified on applicable checklists.		✓	
4. Affidavit of Ownership. If applicant is not the owner, applicant's interest in land must be indicated; e.g., tenant, contract/purchaser, lien holder, etc., and permission of property owner to file the application must be submitted.		✓	
5. If applicant is a corporation or partnership applying to the Board or the Council for permission to subdivide a parcel of land into six (6) or more lots, or applying for a variance to construct a multiple dwelling of twenty-five (25) or more units or for approval of a site to be used for commercial purposes, list the names and addresses of all stockholders or individual partners owning at least ten (10) percent of its stock of any class as required by N.J.S.A. 40:55D-48.1 and 48.2.		✓	
6. A statement from the property owner granting permission for the Board and any of its experts to enter the subject premises for purposes of inspection in relation to a development application.		✓	
7. Statements as to any requirements for which waiver or variance is sought, together with a statement of reasons why same should be granted.		✓	
8. For minor site plans, minor subdivisions, preliminary major site plans and preliminary major subdivisions, a statement of any and all approvals which are required from other governmental or quasi-governmental entities.		N/A	
9. If approval from the Hudson County Planning Board is required pursuant to P.L. 1968, c. 285, a copy of the application submitted to the Hudson County Planning Board must be submitted.		✓	
10. For minor site plans, minor subdivisions, preliminary major site plans, preliminary major subdivisions and variance applications, a copy of any protective covenants or deed restrictions, if any, affecting the property in question; provided that if none exist, an affidavit from the owner certifying that no such covenants or restrictions exist, shall be submitted.		✓	
11. Complete checklist provided for one of the following development proposals (Applicant check one or more as required).			
Minor Subdivision And Minor Site Plan			
Preliminary Major Subdivision And Site Plan			
Final Major Subdivision And Site Plan			
Variance Application			

17-74.4 Variance Application Checklist

VARIANCE APPLICATION CHECKLIST		Submitted	Not Applicable	Waiver Requested
1. Name, address and telephone number of applicant(s) and owner(s).		✓		
2. Address of the subject property.		✓		
3. Lot and block number of the premises in question.		✓		
4. Zone in which the property is located.		✓		
5. Description of what the applicant seeks to do.		✓		
6. Specific enumeration of the variances requested or action sought.		✓		
7. Specification of the section(s) of the Zoning Ordinance from which relief is sought.		✓		
8. Specification of each particular zone requirement that the proposal would violate.		✓		
9. If the application is an appeal from a decision or order of the Zoning Officer, the date of the decision or order of the Zoning Officer.				✓
10. The applicants' reasons for the Board to grant relief.		✓		
11. Summary of specific facts which demonstrate that the relief sought can be granted without substantial detriment to the public good and substantial impairment of the intent and purpose of the Zone Plan and Zoning Ordinance.		✓		
12. If there has been a previous application to the Zoning Board of Adjustment or to the Planning Board involving the premises in question, the date of filing, the nature of the application and the disposition made.		✓		
13. Description of the proposed structure, use of changes.		✓		
14. Size of the lot (in square feet).		✓		
15. Dimensions of the lot.		✓		
16. Percentage of the lot occupied by buildings and impervious coverage.		✓		
17. (a) Height of building, stories and feet. (b) Front yard depth. (c) Rear yard depth. (d) Side yards, width (both).		✓		✓
18. Prevailing front yard setbacks of adjoining lots.		✓		
19. Where applicable, rear yard setbacks of adjoining lots.			✓	
20. Date of acquisition of property, and from whom.		✓		
21. State of the number of dwelling units in existing building(s).		✓		
22. State whether the applicant or owners own or have under contract to purchase any adjoining lands. Set forth lot(s) and block number(s).			✓	
23. State whether the application is or is not to be accompanied by a separate application for subdivision, site plan or conditional use approval. If it is, see Planning Board checklist.			✓	

VARIANCE APPLICATION CHECKLIST	Submitted	Not Applicable	Waiver Requested
24. Submit the following documents with the application: (a) Copy of an area map showing all lots within two hundred (200) feet of the property. (b) List of names, addresses, lot and block numbers, as they appear on the official tax records of the Town, of all owners of property within two hundred (200) feet of the property affected by the application and upon whom the notice must be served in the manner provided by law. (c) Copy of survey clearly indicating the buildings and improvements thereon with all front, side and rear yard dimensions and setbacks from the property lines. (d) Copies of subdivision, site plan or conditional use applications when applicable. (e) Certification that taxes are paid.	✓ ✓ ✓ ✓		
25. If the survey is more than one (1) year old, attach certification of the applicant or owner that the survey accurately represents the status of the premises and all improvements at the time of filing for the variance.		✓	
26. At least ten (10) days prior to the hearing, the applicant shall serve prescribed notice on all owners of property within two hundred (200) feet. Note: This may require the inclusion of an adjoining municipality; the County Planning Board when county roads or lands are involved; and the Commissioner of Transportation of the State of New Jersey when a state or interstate highway is involved.	✓		
27. The applicant must submit the original and twenty (20) copies of the application, properly completed, and twenty (20) folded copies of a plot plan, map or survey, drawn to scale, an affidavit of proof of service, with a copy of the notice and the list furnished by the Administrative Officer of the municipality of all those persons or entities served (service shall be made by certified mail or personal service).	✓		
28. All applications for consideration of the Board of Adjustment must be filed fourteen (14) days prior to the date of hearing. Proper notice given to those requiring service upon them, and publication made, at least ten (10) days prior to the date of hearing before the Board of Adjustment.	✓		
29. Written consent of the owner, if the owner is different from the applicant.	✓		
30. The name, address and phone number of the attorney, if any, representing the applicant.	✓		
Checklist prepared by: <u>GARY D BENNETT</u> Date: <u>Feb. 17, 2022</u>			
Checklist reviewed by Town: _____ Date: _____			
Application found complete on: _____ _____			
Application found incomplete on: _____ _____			