

# TOWN OF HARRISON

## 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 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 Justin Kong and Janice Kong	Address 27 Reynolds Avenue		
City Harrison	State N.J.	Zip 07029	Telephone 973-903-8545
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 SAME	Address		
City	State	Zip	Telephone

### 3. APPLICANT'S ATTORNEY (if applicable)

Name Gary D. Bennett, Esq.	Address 70 Midland Avenue, P.O. Box 495		
City Kearny	State NJ	Zip 07032	Telephone 201-991-1111

### TO BE COMPLETED BY TOWN STAFF ONLY

Date Filed:

Planning Board  
 Board of Adjustment

Application No.:

Application Fees:

Escrow Deposit:

Scheduled for Hearing:

Scheduled for Completeness Review:

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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 27 Reynolds Avenue	Block(s) and Lot(s) Numbers Block 5, Lot 34	
Site Acreage .054 acres	Zone District(s) 2F-1	Tax Sheet No.
Present Use One family dwelling		
Proposed Use New two-family dwelling		

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

Area 2,375 sq.ft.	Dimensions 95'x25'
Does Property Front on a County or State Road? No	Number of Parking Spaces and Dimensions 3
Dimensions of Loading Area N/A	Number of New Buildings 1
Square Feet of New Buildings 1,026.85 sq.ft.	Height 34.40'
Exterior Construction Material masonry	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 N/A
Are Any Structures to be Removed? One family dwelling to be razed	Is the Property Within 200 Feet of an Adjacent Municipality? If so, which? Yes-East Newark

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.) "C" Variance Type (use, density, etc.) Lot depth, Front yard setback, rear yard set back, lot area, Condensing

BULK VARIANCES units in required rear yard, steps in 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

<b>Architect Name:</b>		Address		
Neves Architecture		405 Kearny Avenue		
City Kearny	State NJ	Zip 07032	Telephone 201-246-7979	License # A2-12953

<b>Surveyor's Name</b>		Address		
City	State	Zip	Telephone	License #

<b>Planner's Name</b>		Address		
City	State	Zip	Telephone	License #

<b>Traffic Engineer's Name</b>		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).				
<b>Name and Field of Expertise</b>		Address		
City	State	Zip	Telephone	License #

<b>Name and Field of Expertise</b>		Address		
City	State	Zip	Telephone	License #

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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		xxx	
• Waterfront Development Permit		xxx	
• Other (specify)			
New Jersey Department of Transportation		xxx	
Other (specify)			
Other (specify)			
Other (specify)			

## 10. FEES SUBMITTED

<i>Application Fees</i>	600.00
<i>Variance Fees</i>	900.00
<i>Escrow Fees</i>	1,500.00
<b>Total Fees</b>	3,000.00

## 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  
JUSTIN KONG

Same as Applicant  
PROPERTY OWNER AUTHORIZING APPLICATION

Sworn to and subscribed before me this  
23<sup>rd</sup> day of May, 2024, xx



CONSTANCE P. HERBSTER  
NOTARY PUBLIC

CONSTANCE P. HERBSTER
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DECEMBER 8, 2026

## **AFFIDAVIT OF OWNERSHIP**

STATE OF NEW JERSEY )

ss:

COUNTY OF HUDSON

JUSTIN KONG

of full age, being duly sworn according to  
law on oath deposes and says that the deponent resides at 27 Reynolds Avenue,  
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)

JUSTIN KONG, Owner/Applicant

## 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 ( )

is hereby authorized to make the  
within application.

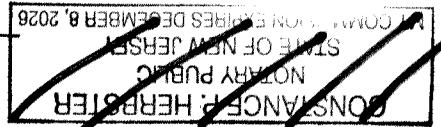
Dated: \_\_\_\_\_

(Owner to sign here)

Sworn and subscribed to before me  
this 23<sup>rd</sup> day of May 2024  
19.

CONSTANCE P. HERBSTER  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES DECEMBER 8, 2026

Constance P.  
NOTARY PUBLIC OF



Applicant: Justin Kong  
Premises: 27 Reynolds Avenue, Block 5, Lot 34, Harrison, New Jersey

Development Description and Waiver Requested:

The applicant intends to demolish the existing residential structure and construct one (1) two-family residential dwelling.

Variances, site waivers and exceptions requested on each new lot in conjunction with the subdivision are as follows:

- 1) Pre-existing non-conforming lot area of 2,375 instead of 2,500 and depth of 95' instead of 100'
- 2) Rear yard setback of 20 instead of 25'
- 2) a) HVAC Units – rear yard encroachment
- 2) b) Steps in front yard encroachment of approximately 8.5'
- 3) Variances from any other provisions of the Zoning Code deemed necessary by the Board at the time of hearing.

REASONS:

The granting of the requested variances, and RSIS DeMinimus Exception are minimal in nature and will not impair the intent and purpose of the Zoning Code and can be granted without a negative impact upon the neighboring property owners. The subject property is located on a street in which all of the homes have 95' deep lots and the proposed use is permitted in the Zone. The proposed redevelopment of this site will promote sound zoning and planning and enhance the aesthetics and neighborhood and provide housing dictated by the Zone.

Request for Taxpayer  
Identification Number and CertificationGo to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Give form to the  
requester. Do not  
send to the IRS.Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  <i>Justin Kong</i>	2 Business name/disregarded entity name, if different from above.  <i>N/A</i>					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)						Exempt payee code (if any)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
	5 Address (number, street, and apt. or suite no.). See instructions.  <i>27 Reynolds Ave.</i>						Requester's name and address (optional)
	6 City, state, and ZIP code  <i>Harrison, NJ 07029</i>						
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
1	3	9	-	8	8	-	3	8	7	6	
or											
Employer identification number											
			-								

## 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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

#### 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: _____ Date: _____				
Checklist reviewed by Town: _____ Date: _____				
Application found complete on: _____				
Application found incomplete on: _____				

VARIANCE APPLICATION CHECKLIST	Submitted	Not Applicable	Waiver Requested
Applicant notified on: _____ _____			
The following variances/waivers were granted: _____ _____			
The following variances/waivers were denied: _____ _____			

**TOWN OF HARRISON  
TAX COLLECTOR  
TOWN HALL  
HARRISON, NEW JERSEY 07029**

May 22, 2024

**TOWN OF HARRISON  
ZONING BOARD  
318 Harrison Avenue  
Harrison, New Jersey 07029**

**TO WHOM IT MAY CONCERN:**

This is to certify that as of the above date no taxes or assessments for local improvements are due or delinquent on Block 5 , Lot 34, 27 Reynolds Avenue and taxes are paid up to date.

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Tax Collector