



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)

41-1313 E	Metuchen I		
Application Number	Applicant Name	Date Received	Date Deemed Complete

1. Application

A. Location

Street Address 215 Durham Avenue
 Block 71 Lot 37.02 Zone Oakite Redevelopment Plan Area
 Situated on Durham Avenue side of _____
 distant _____ feet from _____

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)

Temporary bulk deviations from the Redevelopment Plan are required for: (1) minimum lot width; (2) maximum building coverage; and (3) minimum parking setback. All deviations will be eliminated after the Phase II application is submitted and approved.

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

See Narrative of Proposal. This is Phase I of a phased redevelopment project.

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

See cover letter.

2. Applicant Information

A. Applicant

First Name Metuchen I, LLC Phone 301-758-6816
Last Name --- Phone ---
Street Address 4905 Del Ray Avenue, Suite 200 Fax ---
City / State Bethesda, MD Zip 20814 Email aaronschooler@themavengroup.us

B. Applicant Is a/an:

Individual Partnership Corporation Other Limited Liability Company

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 N/A Phone _____
Last Name _____ Phone _____
Street Address _____ Fax _____
City / State _____ 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 Steven J. Tripp, Esq.
Wilentz, Goldman & Spitzer P.A. Phone 732-855-6076
Street Address 90 Woodbridge Center Drive, Suite 900 Fax 732-726-6524
City / State Woodbridge, NJ Zip 07095 Email stripp@wilentz.com

B. Engineer

Name Ahmad Tamous, P.E.
Bohler Engineering NJ LLC Phone 856-930-4000
Street Address 10000 Midlantic Drive, Suite 410W Fax 856-930-4001
City / State Mt. Laurel, NJ Zip 08054 Email _____

C. Architect

Name Architects, Inc. Phone 216-521-5134
Street Address 17710 Detroit Avenue Fax _____
City / State Lakewood, OH Zip 44107 Email _____

D. Other Professional Consultants

Name N/A Phone _____
Street Address _____ Fax _____
City / State _____ Zip _____ Email _____

4. Plat / Plan Data

A. Present Use of Land / Structure

Sportsplex and surface parking.

B. Proposed Use of Land / Structure

An approximately 12,870 SF daycare center is proposed on Durham Avenue in the area of existing surface parking. See Narrative of Proposal for further detail.

C. Building Data

Existing :	Floor Area:	66,074 SF	Height in Stories & Feet:	1 story/45'
Addition:	Floor Area:	N/A	Height in Stories & Feet:	N/A
New Bldg:	Floor Area:	12,870 SF	Height in Stories & Feet:	1 story/26'4"
Total Floor Area:				78,970 SF (Sportsplex & Daycare)

D. Subdivision Data

Area:	Entire Tract:	N/A	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:	66,074 SF (Sportsplex)	66,074 SF (Sportsplex) & 12,870 (Daycare)
Floor Area to be Occupied:	66,074 SF	78,970 SF (both uses)
Off-Street Parking:	175	295
Number of Employees:	No change to Sportsplex's use	To be provided
Days & Hours of Operation:	No change to Sportsplex's use	6:30 AM to 6:30 PM
Machinery / Equipment Used:	N/A	

Description of Operation(s): See Narrative of Proposal.

5. Request for Bulk Variance

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area	210,000 SF	195,100 SF	195,100 SF	<input checked="" type="checkbox"/>
Min. Lot Width	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Lot Depth (Average)	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Front Yard Setback	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Side Yard Setback (Left)	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Side Yard Setback (Right)	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Side Yard Setback (Combined)	No standard in Redevelopment Plan			<input type="checkbox"/>
Min. Rear Yard Setback	No standard in Redevelopment Plan			<input type="checkbox"/>
Max. Building Coverage	40%	33.9%	40.5%	<input checked="" type="checkbox"/>
Max. Impervious Coverage	90%	81.2%	83.7%	<input type="checkbox"/>
Max. Height	30'	---	26'4"	<input type="checkbox"/>

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

See Narrative of Proposal.

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

See Narrative of Proposal.

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

See Narrative of Proposal.

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.

See Narrative of Proposal.

6. Request for Conditional Use Approval / Use Variance

N/A
PERMITTED USE

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	Steven	Phone	732-855-6076
Last Name	Tripp	Phone	
Street Address	90 Woodbridge Center Drive, Suite 900	Fax	732-726-6524
City / State	Woodbridge, NJ	Zip	07095
		Email	stripp@wilentz.com

8. Verification and Authorization

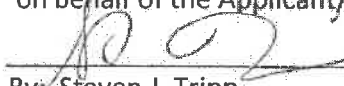
I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR AN APPLICATION FOR DEVELOPMENT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN 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.

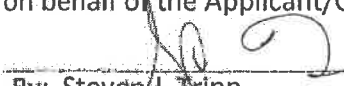
Name Wilentz, Goldman & Spitzer P.A. Date November 22, 2021
on behalf of the Applicant/Owner

Signature 
By: Steven J. Tripp

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 Wilentz, Goldman & Spitzer, P.A. Date November 22, 2021
on behalf of the Applicant/Owner

Signature 
By: Steven J. Tripp

Telephone & Fax Number: 732-855-6076/732-726-6524