



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)

Application Number

Applicant Name

Date Received

Date Deemed Complete

1. Application

A. Location

Street Address 257-267 Central Avenue

Block 49 Lot 18.02 & 18.03 Zone B-2

Situated on West side of Central Avenue

distant 268.86 feet from Liberty 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)

Existing conditions are maximum impervious coverage, front yard setback

Impervious Coverage: 80% required / 63.2% existing / 65.8% proposed

Front Yard Setback: 10ft required / 9.5ft existing / 9.5ft proposed

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

12/20/12 - Planning Board Resolution - Preliminary & Final Site Plan
Application #12-963 Approval

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

Preliminary & Final Major Site Plan by Meridian Engineering Group Inc.
dated 2/19/21 Sheets 1 - 4

2. Applicant Information

A. Applicant

First Name LEPORE REALTY LLC Phone 732-261-5555
Last Name RONALD HOLDINGS LLC Phone _____
Street Address 257 Central Avenue Fax _____
City / State Metuchen NJ Zip 08840 Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other Limited Liability Companies

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 _____ 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 John Wiley, Jr., Esq. Phone 732-494-6099
Street Address 216 Amboy Ave. 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 Avenue Fax 732-719-7208
City / State Edison, NJ Zip 08837 Email les@meridianegi.com

C. Architect N/A

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

D. Other Professional Consultants N/A

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

4. Plat / Plan Data

A. Present Use of Land / Structure

Two mixed-use structures

B. Proposed Use of Land / Structure

Pave and stripe the rear portions of the parcel, install traffic ingress/egress signs

C. Building Data N/A

Existing : Floor Area: _____ Height in Stories & Feet: _____
Addition: Floor Area: _____ Height in Stories & Feet: _____
New Bldg: Floor Area: _____ Height in Stories & Feet: _____
Total Floor Area: _____

D. Subdivision Data N/A

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:	48	48
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	5,000sf	33,138.95sf	33,138.95sf	<input type="checkbox"/>
Min. Lot Width	40ft	198.89ft	198.89ft	<input type="checkbox"/>
Min. Lot Depth (Average)	100ft	174.08ft	174.08ft	<input type="checkbox"/>
Min. Front Yard Setback	10ft	9.5ft	9.5ft	<input checked="" type="checkbox"/>
Min. Side Yard Setback (Left)	0ft	1.7ft	1.7ft	<input type="checkbox"/>
Min. Side Yard Setback (Right)				<input type="checkbox"/>
Min. Side Yard Setback (Combined)	0ft	21.9ft	21.9ft	<input type="checkbox"/>
Min. Rear Yard Setback	25ft	55.2ft	55.2ft	<input type="checkbox"/>
Max. Building Coverage	70%	21.4%	21.4%	<input type="checkbox"/>
Max. Impervious Coverage	80%	63.2%	65.8%	<input type="checkbox"/>
Max. Height	3 stories	<3 stories	<3 stories	<input type="checkbox"/>

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

Existing conditions

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

Existing conditions

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

Existing conditions

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.

Stone and gravel are not preferred methods of use for parking lots.

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 Jr.	Phone	
Street Address	216 Amboy Ave.	Fax	732-494-3944
City / State	Metuchen NJ	Zip	08840
		Email	holly@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 Bernadette LePore Date 2/8/22
Signature Bernadette LePore, Managing Member
Lepore Realty LLC / Ronald Holdings LLC

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 Bernadette LePore, Managing Member
Lepore Realty LLC / Ronald Holdings LLC Date 2/8/22

Signature Bernadette LePore

Telephone & Fax Number: _____