



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
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1. Application

A. Location

Street Address 700 Middlesex Avenue

Block 71 Lot 37.01 Zone Amended Oakite Site Redevelopment Plan

Situated on the north side of Middlesex Avenue

distant 189 feet from Factory 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)

N/A

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

Planning Board approval granted by resolution adopted May 1, 2003, permitting a 3,037 sq. ft. bank building.

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

See attached Sheet

2. Applicant Information

A. Applicant

First Name Dasco Solutions, LLC Phone 973-508-8319
Last Name _____ Phone _____
Street Address 323 New Brunswick Avenue Fax _____
City / State East Brunswick, NJ Zip 08816 Email dascosolutionsllc@gmail.com

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 Metuchen III, LLC Phone 301-652-5234
Last Name _____ Phone _____
Street Address 4905 Del Ray Avenue, Suite 200 Fax _____
City / State Bethesda, MD Zip 20814 Email stuart.schooler@themavengroup.us

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

C. Architect

Name Joseph D. Javier, RA, NCARB
Polar Green Architecture & Engineering LLP Phone 201-919-6364
Street Address 320 7th Street Fax _____
City / State Jersey City, NJ Zip 07302 Email jjaviernj@gmail.com

D. Other Professional Consultants

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

4. Plat / Plan Data

A. Present Use of Land / Structure

vacant bank building

B. Proposed Use of Land / Structure

convert existing vacant building to a retail cannabis facility, as described in the attached Narrative of Proposal.

C. Building Data

Existing :	Floor Area:	3,037 sq. ft.	Height in Stories & Feet:	one story/24 ft.
Addition:	Floor Area:	N/A	Height in Stories & Feet:	N/A
New Bldg:	Floor Area:	N/A	Height in Stories & Feet:	N/A
Total Floor Area:				

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:	3,037 sq. ft.	no change
Floor Area to be Occupied:	entire	no change
Off-Street Parking:	10 spaces	10 spaces
Number of Employees:		approximately 12 total, with 4-5 in the store at any one time
Days & Hours of Operation:		M - Sat. 10 am to 7 pm; Sun. 11 am to 6 pm
Machinery / Equipment Used:	N/A	
Description of Operation(s):	See attached Narrative of Proposal	

5. Request for Bulk Variance

See attached Schedule

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area				<input type="checkbox"/>
Min. Lot Width				<input type="checkbox"/>
Min. Lot Depth (Average)				<input type="checkbox"/>
Min. Front Yard Setback				<input type="checkbox"/>
Min. Side Yard Setback (Left)				<input type="checkbox"/>
Min. Side Yard Setback (Right)				<input type="checkbox"/>
Min. Side Yard Setback (Combined)				<input type="checkbox"/>
Min. Rear Yard Setback				<input type="checkbox"/>
Max. Building Coverage				<input type="checkbox"/>
Max. Impervious Coverage				<input type="checkbox"/>
Max. Height				<input type="checkbox"/>

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

N/A

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

N/A

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

N/A

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.

N/A

6. Request for Conditional Use Approval / Use Variance

No variance required

A. Describe below the specifics of the request.

Proposed use meets all conditions, as set forth in the attached Narrative of Proposal

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	n/a		
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.

Dasco Solutions, LLC

Name By: Rachel Cordasco, Managing Member

Date Sep 13, 2023

Signature 
Rachel Cordasco (Sep 13, 2023 07:12 EDT)

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.

Metuchen III, LLC

Name By: Stuart Schooler, Managing Member

Date Sep 15, 2023

Signature 
Stuart Schooler (Sep 15, 2023 08:42 EDT)

Telephone & Fax Number: 301-652-5234