



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 250 GROVE AVENUE

Block 126 Lot 7 Zone R-1

Situated on WEST side of GROVE AVENUE

distant 169.96 feet from WOODSIDE AVENUE

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 Exception

E. Nature of Relief or Variance Request (List Ordinance Reference Sections)

110-154.B – Waiver of Parking Requirements

110-53 – Waiver of Major Site Plan Submission Requirements

110-55.2 – Waiver of Green Development Submissions Requirements

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

Planning Board Resolutions dated 10/6/83; 5/16/85; 10/3/85; 12/7/89; 7/19/90; 11/18/04

TRC Resolution dated 6/28/90

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

Existing conditions plan prepared by Paul Fletcher dated 6/7/23; Existing Floor Plan; Ballroom Alteration

Plan prepared by Buckman Architectural Group dated 7/20/23; Narrative; Major Site Plan Checklist

2. Applicant Information

A. Applicant

First Name Metuchen Jewish Community Center Phone _____
Last Name _____ Phone _____
Street Address 250 Grove Avenue Fax _____
City / State Metuchen NJ Zip 08840 Email _____

B. Applicant is a/an:

Individual Partnership Corporation Other Non-Profit 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 _____ 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 Avenue Fax _____
City / State Metuchen NJ Zip 08840 Email John@wileylavender.com
holly@wileylavender.com

B. Engineer

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

C. Architect

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

D. Other Professional Consultants

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

4. Plat / Plan Data

A. Present Use of Land / Structure

Synagogue with seating for 281 in sanctuary of 2,800sf, an additional 60 in prayer room of 800sf, ballroom of 4,000sf

Child Care Center of 1,860sf with current occupancy capped at 49 children

B. Proposed Use of Land / Structure

Synagogue with seating for 281 in sanctuary and an additional 60 in prayer room

1260sf of the existing ballroom space to be renovated into additional classroom space to accommodate an increase in occupancy of the existing Child Care Center to 120 children

C. Building Data

Existing :	Floor Area:	23,000sf	Height in Stories & Feet:	1 story
Addition:	Floor Area:	n/a	Height in Stories & Feet:	
New Bldg:	Floor Area:	n/a	Height in Stories & Feet:	
Total Floor Area:		23,000sf		

D. Subdivision Data

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:	23,000sf	23,000sf
Floor Area to be Occupied:	23,000sf	23,000sf
Off-Street Parking:	99 regular / 5 handicap	Same
Number of Employees:	9 full time/4 part time	14 full time/4 part time
Days & Hours of Operation:	Monday – Friday 7am-5pm Saturday 9am-2pm	Same
Machinery / Equipment Used:	None	
Description of Operation(s):	Religious services and child care center	

5. Request for Bulk Variance

A. Bulk Regulations

	District Requirements	Present	Proposed	Variance
Min. Lot Area	10,000sf	159,271.25sf	159,271.25sf	<input type="checkbox"/>
Min. Lot Width	75ft	315.04ft	315.04ft	<input type="checkbox"/>
Min. Lot Depth (Average)	100ft	366.76ft	366.76ft	<input type="checkbox"/>
Min. Front Yard Setback	25ft	33.25ft	33.25ft	<input type="checkbox"/>
Min. Side Yard Setback (Left)	10ft	102.05ft	102.05ft	<input type="checkbox"/>
Min. Side Yard Setback (Right)	10ft	65.66ft	65.66ft	<input type="checkbox"/>
Min. Side Yard Setback (Combined)	20ft	167.71ft	167.71ft	<input type="checkbox"/>
Min. Rear Yard Setback	25ft	184.32ft	184.32ft	<input type="checkbox"/>
Max. Building Coverage	30%	14.1%	14.1%	<input type="checkbox"/>
Max. Impervious Coverage	50%	48.5%	48.5%	<input type="checkbox"/>
Max. Height	35ft/3 stories	1 story	1 story	<input type="checkbox"/>

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

There are 104 parking spaces on the site. The Synagogue has 7 staff members currently. If 120 children are present, 16 staff members are required. The child care center will not operate when the Neve Shalom Temple congregation is in attendance in the building.

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

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

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.

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 Phone _____
Street Address 216 Amboy Avenue Fax _____
City / State Metuchen NJ Zip 08840 Email john@wileylavender.com
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 Michael Seidner, V.P. Date 9/12/23
Signature M Seidner

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 Michael Seidner, V.P. Date 9/13/23
Signature M Seidner

Telephone & Fax Number: 908 963-1177