



# 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)

21-0157	James H. Gable	7-21-21	8-10-21
Application Number	Applicant Name	Date Received	Date Deemed Complete

### 1. Application

#### A. Location

Street Address 2 OAK Avenue, Metuchen, NJ  
 Block 105 Lot 30 Zone R1  
 Situated on North side of OAK Ave  
 distant 0 feet from MIDDLESEX Ave

#### 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)

RELIEF FROM §110-108 of MLD0 Article 16 (ATTACHMENT 1) because  
of non-conforming setback of proposed addition of 18.2 ft. from Middlesex Ave.  
Current structure is also 18.2 ft setback. RELIEF from any and all other  
variances, exceptions and waivers as deemed necessary by the Board during the  
course of this hearing.

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

None Known

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

Construction drawings from Marcelle Architecture  
Dated 5/5/21

**2. Applicant Information**

**A. Applicant**

First Name LAUREL Phone \_\_\_\_\_  
Last Name DOBALD Phone \_\_\_\_\_  
Street Address 2 OAK AVENUE Fax \_\_\_\_\_  
City / State METUCHEN, NJ Zip 08840 Email \_\_\_\_\_

**B. Applicant is a/an:**

Individual     Partnership     Corporation     Other \_\_\_\_\_

**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 \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**B. Engineer**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**C. Architect**

Name MARCILLE ARCHITECTURE Phone 732 662-5824  
Street Address 565 MAIN ST Fax 732 662-5824  
City / State METUCHEN, NJ Zip 08840 Email MARK @ MPM-ARCH.COM

**D. Other Professional Consultants**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**4. Plat / Plan Data**

**A. Present Use of Land / Structure**

Residential 2 story home - single family

**B. Proposed Use of Land / Structure**

Residential 2 story home with addition.

**C. Building Data**

Existing :	Floor Area:	<u>1376 SF</u>	Height in Stories & Feet:	<u>2 stories + 7' attic</u>
Addition:	Floor Area:	<u>293 SF</u>	Height in Stories & Feet:	<u>1 story</u>
New Bldg:	Floor Area:	<u>1669 SF</u>	Height in Stories & Feet:	<u>2 stories + 7' attic</u>
Total Floor Area: _____				

**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:	_____	_____
Floor Area to be Occupied:	_____	_____
Off-Street Parking:	_____	_____
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	10,000	10447	NC 10447	<input type="checkbox"/>
Min. Lot Width	75	85.18	NC 85.18	<input type="checkbox"/>
Min. Lot Depth (Average)	100	150	NC 150	<input type="checkbox"/>
Min. Front Yard Setback <i>DAK AVE</i>	25/40	40	NC 40	<input type="checkbox"/>
Min. Side Yard Setback (Left)	10	8.3	NC 8.3	<input type="checkbox"/>
Min. <sup>FRONT</sup> Side Yard Setback (Right) <i>Middlesex Ave</i>	25/49.73	18.2	NC 18.2	<input checked="" type="checkbox"/>
Min. Side Yard Setback (Combined)	20	NA	NA	<input type="checkbox"/>
Min. Rear Yard Setback	25	73.8	NC 73.8	<input type="checkbox"/>
Max. Building Coverage	30%	13.7%	15.98%	<input type="checkbox"/>
Max. Impervious Coverage	50%	41.84%	44.58%	<input type="checkbox"/>
Max. Height	35	28.59	NC 28.59	<input type="checkbox"/>

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

The existing structure is non-conforming with an 18.2' setback from Middlesex Ave ~~on~~ on one side. To extend the first floor kitchen requires that the addition also be 18.2' setback from Middlesex Ave.

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

Corner lot

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

My goal is to improve and upgrade the kitchen and bath areas on the first floor since these areas are more than 30 years old. The current size of the home does not allow for modern living in these areas,

**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.**

The addition will not cause any further non-conformance than what currently exists. Corner sightlines will not be impacted by the addition.

therefore an addition is required.

**6. Request for Conditional Use Approval / Use Variance**

**A. Describe below the specifics of the request.**

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**B. Describe below the special reasons which exist that support the granting of the request.**

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**C. Describe below how the public interest will be served by the granting of the request.**

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**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.**

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**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.**

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**7. Correspondence**

**A. Person to be contacted in regard to all matters pertaining to this Application (if other than Applicant)**

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

**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 LAUREL DOBALO Date 8/7/21  
Signature Laurel Dobalo

**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 LAUREL DOBALO Date 8/7/21  
Signature Laurel Dobalo

Telephone & Fax Number: \_\_\_\_\_