



Department of Community Development

820 Mercer Street, Cherry Hill, NJ 080002

856-488-7870 (Phone) 856-661-4746 (Fax)

www.Cherryhill-NJ.com

LAND USE DEVELOPMENT APPLICATION

Submission Date: 5/11/21

Application No.: 21-Z-0017

PLANNING BOARD

ZONING BOARD OF ADJUSTMENT

FOR OFFICE USE ONLY

TAXES PAID YES/NO _____ (INITIAL)

FEES \$ _____ PROJ. # _____

ESCROW \$ _____ ESCR. # 10072

1. APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Interest in Property: _____

2. OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

3. TYPE OF APPLICATION (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Interpretation ¹ |
| <input type="checkbox"/> Preliminary Major Subdivision ¹ | <input type="checkbox"/> Appeal of Administrative Officer's Decision |
| <input type="checkbox"/> Final Major Subdivision | <input type="checkbox"/> Certificate of Non-Conformity |
| <input type="checkbox"/> Minor Site Plan | <input checked="" type="checkbox"/> Use (d) Variance ¹ |
| <input type="checkbox"/> Preliminary Major Site Plan ¹ | <input checked="" type="checkbox"/> Bulk (c) Variance ¹ |
| <input type="checkbox"/> Final Major Site Plan | <input type="checkbox"/> Conditional Use ¹ |
| <input type="checkbox"/> Amended Plan | <input type="checkbox"/> Street Vacation Request |
| <input type="checkbox"/> Site Plan Waiver | <input type="checkbox"/> Rezoning Request ¹ |
| <input type="checkbox"/> Concept Plan | <input type="checkbox"/> Other: _____ |

¹ Legal advertisement and notice is required to all property owners within 200 feet.

4. ZONE (check all that apply)

RESIDENTIAL		COMMERCIAL	OFFICE	OTHER	OVERLAY
RA	RA/PC	B1	O1	<u>IR</u>	FP
R1	R7	B2	O2	IN	SBC
R2	R10	B3	O3		IR/B
R3	R20	B4			A-H/C

5. ATTORNEY (A corporation, partnership, limited liability company or partnership must be represented by a New Jersey Attorney)

Name: _____ City: _____ State: _____ Zip: _____

Address: _____ Phone: (_____) _____ Fax: (_____) _____

_____ Email: _____

6. APPLICANT'S PROFESSIONALS (Engineer, Surveyor, Planner, etc.)

Name: _____
Profession: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone:(_____) _____ Fax:(_____) _____
Email: _____

Name: _____
Profession: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone:(_____) _____ Fax:(_____) _____
Email: _____

7. LOCATION OF PROPERTY

Street Address: _____
Tract Area: _____

Block(s): _____
Lot(s): _____

8. LAND USE

Existing Land Use: _____
Proposed Land Use (be specific): _____

9. PROPERTY

	<u>Proposed Form of Ownership:</u>
Number of Existing Lots: _____	<input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Condominium
Number of Proposed Lots: _____	<input type="checkbox"/> Rental <input type="checkbox"/> Cooperative
Are there Existing Deed Restrictions or Easements?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (please attach copies)
Are there Proposed Deed Restrictions or Easements?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please attach copies)

10. UTILITIES (check all that apply)

Public water Public sewer Private well Private septic system

11. APPLICATION SUBMISSION MATERIALS

List all plans, reports, photos, etc. (use additional sheets if necessary): _____

12. PREVIOUS OR PENDING APPLICATIONS

List all previous or pending applications for this parcel (use additional sheets if necessary): Unknown

17. CONSENT OF OWNER

I certify that I am the Owner of the property which is the subject of this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency (if owned by a Corporation, a resolution must be attached authorizing the application and officer signature).

LJC Realty

[Signature] 4/15/2021
 SIGNATURE (owner) DATE

SWORN & SUBSCRIBED to before me this

6th day of April, 2021 (year)

Michael J. Fekete

(notary)

By: Steven Cabano

PRINT NAME

Attorney at Law - Notary Public (Renewed) Per New Jersey Act A3903

18. DISCLOSURE STATEMENT (circle all that apply)

Pursuant to N.J.S.A. 40:55D-48.1 & 48.2, please answer the following questions:

- Is this application to subdivide a parcel of land into six (6) or more lots? Yes No
- Is this application for a variance to construct a multiple dwelling of twenty-five (25) or more units? Yes No
- Is this application for approval of a site (or sites) for non-residential purposes? Yes No
- Is the applicant a corporation? Yes No
- Is the applicant a limited liability corporation? Yes No
- Is the applicant a partnership? Yes No

If you responded YES to any of the above, please answer the following (use additional sheets if necessary):

List the names and addresses of all stockholders or individual partners owning at least 10% in stock of any class or at least 10% of the interest in partnership (whichever is applicable).

Does a corporation or partnership own 10% or more of the stock in this corporation or partnership? If yes, list the names and addresses of stockholders of that corporation holding 10% or more of the stock or 10% or greater interest in that partnership (whichever is applicable). This requirement is to be followed by every corporate stockholder or partnership, until the names and addresses of the non-corporate stockholders and individual partners with 10% or more ownership have been listed.

 SIGNATURE (applicant) DATE

19. SURVEY WAIVER CERTIFICATION

As of the date of this application, I hereby certify that the survey submitted with this application, under the date of _____, 20____ shows and discloses the premises in its entirety, described as Block(s) 437 01 Lot(s) 25 and 26; and I further certify that no buildings, fences, or other facilities have been constructed, installed, or otherwise located on the premises after the date of the survey with the exception of the structures shown.

State of New Jersey; County of Camden:

SWORN & SUBSCRIBED to before me this

____ day of _____, 20____ (year)

____ (notary)

 PRINT NAME

of full age, being duly

 SIGNATURE (applicant/owner)

DATE

FOR OFFICE USE ONLY

The application was reviewed in accordance with the rules of the applicable Board and Ordinances of the Township of Cherry Hill and determined that all the checklist items are in order and this application has been deemed complete. The time within which the applicable Board must act on this application pursuant to N.J.S.A. 40:55d-1 et seq., has commenced from this date

17. CONSENT OF OWNER

I certify that I am the Owner of the property which is the subject of this application, hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the municipal agency (if owned by a Corporation, a resolution must be attached authorizing the application and officer signature).

LJC Realty

SWORN & SUBSCRIBED to before me this _____ day of _____, 20____ (year)
 _____ (notary)

 SIGNATURE (owner) DATE
 By: Steven Cabano
 PRINT NAME

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[Signature] 4/5/21
 SIGNATURE (applicant) DATE

19. SURVEY WAIVER CERTIFICATION

As of the date of this application, I hereby certify that the survey submitted with this application, under the date of _____, 20____ shows and discloses the premises in its entirety, described as Block(s) 437.01 Lot(s) 25 and 26; and I further certify that no buildings, fences, or other facilities have been constructed, installed, or otherwise located on the premises after the date of the survey with the exception of the structures shown.

State of New Jersey; County of Camden:

SWORN & SUBSCRIBED to before me this _____ day of _____, 20____ (year)
 _____ (notary)

 PRINT NAME of full age, being duly

 SIGNATURE (applicant/owner) DATE

FOR OFFICE USE ONLY

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 SIGNATURE (administrative officer) DATE