

# Site Plan Application – Planning Board of Adjustment

**Must be submitted ten (10) days prior to Planning Board meeting**

Name: MEDICAL ARTS, LLC Case# \_\_\_\_\_

Address: 8 Oceanview Date: \_\_\_\_\_  
Keansburg, NJ 07734

Phone #: 718-670-8182 Cell # \_\_\_\_\_

Application: (2 original copies notarized, pg. 3 - 21 total sets)	_____	# submitted
Each Application (21 sets) must include a Copy of the Zoning Denial Letter (If you received a denial)	_____	# submitted
Proof of Service (2 copies notarized, pg. 5 - Include w/above)	_____	# submitted
Copy of Notice to Adjoining Property Owners, pg. 4 - include w/above	_____	# submitted
Certified list of Property Owners (include with originals) <i>Available from the Tax Assessor, includes total properties &amp; Utilities</i>	_____	# submitted
A Certification of taxes being paid (include w/total sets) This certification is available from the Tax Collector	_____	# submitted
A Copy of a Survey (less than 3 years old - 21 total sets)	_____	# submitted
Architectural Plans (Include w/packet - 21 total sets)	_____	# submitted
Plot Plans (Include w/packet - 21 total sets) Note: plot plans # submitted to include all setbacks, sidellines, both existing and proposed as well as all accessories (Sheds, Pools, Decks, Fencing, Driveways, Garages, etc.).	_____	# submitted
Affidavit of Publication (Star Ledger 973-392-4104   Asbury Park Press 732-643-3661) <b><i>Must be submitted ten (10) days prior to Planning Board meeting</i></b>	_____	# submitted
Certification Mail Return Receipts (PS Form 3800, June 2002)	_____	# submitted

## Application Fees – as per Fee Schedule worksheet

CHECK NON-REFUNDABLE FEES      CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

CHECK ESCROW      CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 (UNUSED FEES ARE REFUNDABLE)

IS APPLICATION COMPLETE?      YES  NO  DATE \_\_\_\_\_

APPLICANT'S SIGNATURE: *Blum*

PLANNING BOARD SECRETARY OR DESIGNEE: **COMPLETE** \_\_\_\_\_  
 DATE 8/02/2022 **INCOMPLETE** \_\_\_\_\_

CASE # \_\_\_\_\_

FEE (PAID): \$ \_\_\_\_\_ DATE (OF ACTION): \_\_\_\_\_

THIS SECTION ABOVE IS FOR PLANNING BOARD USE ONLY

### Keansburg Planning Board of Adjustment - Statement & Variance Sheets - pgs. 2 & 3

1. I (we), MEDICAL ARTS, LLC, The Applicant(s) Herein, whose Address is, \_\_\_\_\_, am the Owner(s)  Int: \_\_\_\_\_

Prospective Purchaser(s) [ ] Int: \_\_\_\_\_ of property located on, 8 Oceanview Avenue and designated as Block: 17 and Lot 12 on the Official Keansburg Tax Map.

2. Said property is in a \_\_\_\_\_ ZONE, and is \_\_\_\_\_ (Size) and has the following Structures on the property: \_\_\_\_\_

3. Request is Hereby made for permission To: (Indicate type(s) of structure(s) and use thereof:  
Applicant seeks a Use Variance and Site Plan for medical use.

4. The proposed structure or use is contrary to the Zoning/Development regulations of Keansburg, \_\_\_\_\_

5. The following is contrary to the Development Ordinance; list & detail all Variances to be sought.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Details and Variances can be obtained from the Zoning Denial Letter which must be included in packet*

6. Is the entire tract of land, Block, \_\_\_\_\_ Lot: \_\_\_\_\_ intended to be used?  YES [ ] NO

7. Has the property been separated from an adjoining parcel? [ ] YES  NO, if so when \_\_\_\_\_

If YES, has The Planning Board approved the subdivision, \_\_\_\_\_ Date: \_\_\_\_\_

**Statement & Variance Sheet - Continued:**

8. Has there been any previous appeal involving this parcel/premises? [ ] YES  NO Int: \_\_\_\_\_

If so, state date of filing: \_\_\_\_\_ List all the details and results of the Appeal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. By filing this application does the applicant (s) waive any and all rights gained previously No.

10. Are there any open construction permits, permit fees, code violations, or court case that may with due cause prevent the Planning Board from hearing this application? [ ] YES [ ] NO

If Yes, List details: Unknown

11. Attached hereto and made part thereof are all of the required 21 sets (packets) as detailed within the Checklist page (pg.1), including 21 sets of drawings, DRAWN TO SCALE, and containing all of the necessary measurements (setbacks, elevations, lot & structure square footage), and all structures and accessories (decks, garages, sheds, pools, fences, driveways, sidewalks, walks, patios, etc.) that are installed or within the confines of said property and are part and parcel of this application.

12. Check or Money Order for the Escrow (refundable balance) amount listed \$ \_\_\_\_\_

I (we), the undersigned, being duly sworn according to law upon my oath do depose and state that all of the statements contained herein are based on my own knowledge and are true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\* If the applicant is NOT the owner of the property herein, the owner must sign the following consent

\* The foregoing application is hereby consented this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Owner's Signature: Blemp Date: 8/02/2022

Sworn to and subscribed before me on this 2nd Day of (Month) August, 2022

Notary Signature: Catherine Geiselman

Date: 8/2/2022

**Two (2) application packets Must have raised Seal**

Seal  
Page 3  
CATHERINE A. GEISELMAN  
A Notary Public of New Jersey  
My Commission Expires 3/26/2026