Keansburg ESTASI ISHED ISHT

KEANSBURG PLANNING BOARD OF ADJUSTMENT

George E. Kauffmann Municipal Building
29 Church Street
Keansburg, NJ 07734
Kathy Burgess, Planning Board Secretary
732-787-0215 ext220

Site Plan Application Packet Cover Sheet

Statement: The applicant(s) will carefully build their Site Plan packet which will be held as an important Document. Please follow all the listed instructions as outlined on this Cover Sheet.

Pg.1- Checklist page - Fill out completely, and sign (case # excluded). Please leave a valid Cell Phone Number so as not to hold up the application if a problem arises. List the amount of copies (21) submitted. This will be checked by The Planning Board Secretary.

Pgs.2 & 3 - Statement & Variance sheets that must be notarized. Two applications must have a raised Notary seal. The remaining applications may be copied.

Pg. 4 - Copy of Notice to Adjoining property owners. (200 foot search) This is the notice that the applicant must send to all residents within 200 feet of their property. *The list of property owner(s) is available from the Tax Assessor's Office*. **The date of the hearing MUST be obtained from the Planning Board Secretary to include in the notice after the packet is deemed complete**.

- Pg. 5 Proof of Service Notarized sheet from applicant of 200 foot service.
- Pg. 6 Certification by Tax Collector that taxes are "Paid in Full" by Block & Lot.

Additional items that must be included, and are listed on the Checklist page #1:

- A) Copies of the Zoning Denial letter
- B) Copy of the Survey (Less than 3 years old).
- C) Architectural Plans, with front & side height elevations.
- D) Plot Plans, including existing & proposed setbacks. Note: On use variances or other than single family homes, plot plan to include, but not limited to; A Key Map, a map showing all buildings within 200 foot of the proposed work site. Plans Drawn to Scale
- E) All plans are to be folded; and are to be stored in legal folders.
- F) Affidavit of Publication (Star Ledger 973-392-4104 or Asbury Park Press 732-643-3661)
- G) Certified Mail return receipts enclosed. Including Utilities & Borough of Keansburg.
- H) Application Fee: 1 Check \$ as per Fee Schedule/non-refundable fee.
- Escrow Fees: 1 Check \$ as per fee schedule/refundable balance

Escrow: additional fees may be required due to the approval process at the Planning Board level. The applicant will be notified via phone.

Please Remember - Applicants must build their Packets according to the instructions listed on this sheet and all instruction sheets that follow. Applicants must submit all notarized copies as listed as well as the total quantities listed. Total packets must be delivered to Borough Hall, 20 days prior to Meeting!

Site Plan Application – Planning Board of Adjustment

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

Name:	NJ Leaf Kean	sburg Dispe	ensary, LLC	Case#				
Address:	77 Route 36, K							
	2			.)-				
Phone #:	(732) 583-74	74		Cell #				
Application: (2	original copies notaria	ed, pg. 3 - 21 to	tal sets)			21	# submitted	
Each Applicati	denial)	_N/A	# submitted					
Proof of Service	ce (2 copies notarized,	pg. 5 - include w	//above)			N/A	# submitted	
Copy of Notice		N/A	# submitted					
	f Property Owners (incl he Tax Assessor, includes	-			To be	provided	# submitted	
A Certification This certification	To be	provided	# submitted					
A Copy of a Su		21	# submitted					
Architectural F	21	# submitted						
Plot Plans (include w/packet - 21 total sets) Note: plot plans # submitted to include all setbacks, sidelines, both existing and proposed as well as all accessories (Sheds, Pools, Decks, Fencing, Driveways, Garages, etc.).								
Affidavit of Pu		73-392-4104 I A	Asbury Park Press 732-6		, ,	N/A	# submitted	
Certification M	N/A	# submitted						
Application Fe	es – as per Fee Sche	dule workshe	et					
CHECK NON-R	EFUNDABLE FEES	CHECK #		AMOUNT \$				
CHECK ESCRO	W S ARE REFUNDABLE)	CHECK#		AMOUNT \$				
IS APPLICATION	ON COMPLETE?	YES	NO NO		DATE _			
APPLICANT'S		Ko	YA					
PLANNING B	OARD SECRETARY OF		COMPLETE					

		CASE#		
FEE (PAID): THIS SECTION ABO	\$ OVE IS FOR F	LANNING BOARD USE ONLY	DATE (OF ACTION):	
Sheets - pg	s. 2 &3		tment - Statemen	ess is,
				n the Owner(s) [] int:
Block: and Lo	oton th	e Official Keansburg Tax Map.		d designated as
		existing one story frame b		
•			of structure(s) and use thereof: building for a cannabis dispensar	ry.
5. The following is o	ontrary to the	Development Ordinance: list	& detail all Variances to be soug	org. The proposed use is permitted in accordance with Ordinance #1718, adopted 1/24/24. ht. ng is being provided. Approximately
seventy-nine spac	es are being p	rovided and sixty-five spaces a	re required.	
			etter which must be included in p	packet
6. Is the entire tract	of land, Bloc	. <u>163</u> Lot: <u>16.02</u> intend	ded to be used?[] YES [X] NO	
7. Has the property	been separat	ed from an adjoining parcel? [] YES [[2] NO, if so when	
If YES, has The Plant	ning Board ar	proved the subdivision,	Date: _	

Statement & Variance Sheet - Continued:

8. Has there been any previous appeal involving this parcel/pre	emises? [] YES [X] NO int:	
If so, state date of filing:	List all the details and results of the	ne Appeal.
9. By filing this application does the applicant (s) waive any and	all rights gained previously	TBD
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 [X] NO		
If Yes, List details:		
11. Attached hereto and made part thereof are all of the requir including 21 sets of drawings, DRA WN TO SCALE, and containin structure square footage), and all structures and accessories (d patios, etc.) that are installed or within the confines of said pro	ng all of the necessary measureme lecks, garages, sheds, pools, fence operty and are part and parcel of t	ents (setbacks, elevations, lot & s, driveways, sidewalks, walks, this application.
I (we), the undersigned, being duly sworn according to law upo contained herein are based on my own knowledge and are true		at all of the statements
Signed:		Date: 3 25 WCG
* If the applicant is NOT the owner of the property herein, the	owner must sign the following cor	nsent
* The foregoing application is hereby consented this 25	h Day of Merch	20 34
		= 2/20/24
Owner's Signature:		Date:
Sworn to and subscribed before me on this. 25%	_Day of (Month) _ March	.20. 24
Notary Signature:		
Date: 3-25-24		JAYNA TRINIDAD Notary Public
Two (2) application packets Must have raised Seal		State of New Jersey commission expires July 13, 2025
Seal	(My c	Militagian

Page 3



KEANSBURG PLANNING BOARD OF ADJUSTMENT

George E. Kauffmann Municipal Building
29 Church Street
Keansburg, NJ 07734
Kathy Burgess, Planning Board Secretary
732-787-0215 ext220

In the matter of Appe	eal:		
TBD			
To:(Property owner within 200 feet)			
You are hereby notified that has appe	aled from the action of the	Zoning Officer of the Borough of Ke	eansburg for a variance,
interpretation, site plan, use variance,	, from Section	of the Develop	mental Regulations of the
Borough of Keansburg, Chapter 22 of	the Revised General Ordina	nces of the Borough of Keansburg s	o as to permit:
(Describe your proposed construction	project or use and specify	the individual relief (variances) you	u are requesting)
Applicant is proposing to utilize 3,500	s.f. of the existing building fo	r a cannabis dispensary.	
On premises located at	re 36	Keansburg, New Jersey B	lock:163
The Keansburg Planning Board of Adju	ustment has scheduled the h	nearing to be held on the \overline{TBD}_{Da}	y of <u>TBD</u> 20 <u>TB</u> D
at 7:00 PM in the Council Chambers of			
appeal.			
You or your agent or attorney are priv	ileged to attend said hearin	g and may present any and all obje	ctions which you may have
to the granting of the relief sought in t	the petition. The application	and related documents are on file	in the Office of the
Municipal Clerk and are available for r	eview and inspection.		

Keansburg Planning Board of Adjustment Borough of Keansburg, Monmouth County, New Jersey

In the Matter of the application of: **PROOF OF SERVICE** NJ Leaf Keansburg Dispensary, LLC County of Monmouth State of New Jersey I ______, being duly sworn on my Oath, Depose and say: I am the owner, Applicant, Agent, of Applicant ___ NJ Leaf Keansburg Dispensary, LLC That at the date herein after stated I served a Notice of which the annexed is a true Copy, upon the following property owners each of whose property is within Two Hundred Feet of the property of the Applicant to be affected in this matter, in the manner following, that is to say: A. Personally, by handing such a true copy to said property owners, being residents of the Borough of Keansburg as follows: (Attachment) B. By mailing via registered mail, such a true copy to the last known address of the property owners, as shown by the most recent Tax list of said Borough, said persons being non-residents of said Borough, as follows: (Attachment) C. One legal notice to be placed in one of the approved papers of the Borough - The Star Ledger (973-392-4104) or The Asbury Park Press (732-643-3661). An affidavit of Publication, along with an actual copy of the publication must be filed with the Planning Board Secretary. Sworn to and subscribed before me on this _____ Day of (Month) _____ 20 ____ Notary Signature: _____ Date:___ Two application packets. Must have raised a raised Seal

Seal

OWNER'S AFFIDAVIT OF AUTHORIZATION AND CONSENT

In the matter of NJ Leaf Keansburg D	ispensary, LLC Applica	tion No.:_	and a succession of the succes											
Name of Applican STATE OF NEW JERSEY COUNTY OF MONMOUTH	t													
Kathleen Tartivita	of full age, being duly	sworn acc	cording to la	aw and oath										
Name of property owner deposes and says:														
I reside at P.O. Box 142, Atlantic H	Highlands, NJ 07716	MARKET (STANSANSHAMMA DEC), DET 1 SEGENYANGANGANGANGANGANGANGANGANGANGANGANGANGA												
and am the owner in fee of														
1.1	Name of company if	applicable	e 36	(seventy	sever									
which company is the owner in fee of the Also known as Block163	e property located at	7 FROU	40.00		R+ 36									
Also known as Block 163		, Lot	16.02	Charles Commission of the Comm	•									
on the latest tax map of														
The Applicant named above is the (my)	Tenant													
The Applicant native doore is the (my)	Relationship	to property ow	ner											
Township/Borough of Keansburg relating to said property and consent(s) Planning/Zoning Board of the Town	to such application an	d agreed t	hat any dec	ision of the										
Flamming/Zolling Board of the Town	isinp/borougn or			_ on such										
application shall be binding upon me (sa	aid company) as if said	application	n has been 1	brought and										
prosecuted directly, by me as the owner.														
SUBSCRIBED AND SWORN TO BEF	ORE ME													
This zund day of March	2024													
	War.	1												
GHADA'S YOUSSEF One of the public, State of New American Expires Jan	Owner's Si	gnature												

Form (Rev. March 2024) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e ye	ou begin. For guidance relat	ted to	the i	pur	ırpos	se of	f Forn	m V	V-9,	see	Pu	rpos	e of	For	m, b	elo	w.												
	1	Name of entity/individual. An elentity's name on line 2.)	ntry is	requi	ired	d. (Fo	oras	sole pr	ropr	rietor	roro	disre	garde	ed er	ntity,	ente	r the	e ow	ner's	name	on	tine	1, and	d ei	nter th	e bu	sine	ss/dis	rega	ded
	NJ	Leaf Keansburg Disper	nsar	γ, Ll	.LC)																								
	2	Business name/disregarded en	ntity na	ame, i	if dif	iffere	ent fro	om ab	bove	∋.																				
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor												_	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)																	
Pri Specific II	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions													(Applies to accounts maintained outside the United States.)																
See	5	Address (number, street, and apt. or suite no.). See instructions. Requester's no.												s nar	пе а	ınd ac	ddr	ess (o	otion	al)										
ഗ	77 Route 36																													
	6 City, state, and ZIP code																													
	Ke	ansburg, NJ 07734																												
	7	List account number(s) here (or	ptional	ıl)																										
Par	tΙ	Taxpayer Identific	atio	n N	lun	mbe	er (TIN))																					
Enter	/ou	r TIN in the appropriate box.	. The	TIN p	pro	ovide	ed m	nust r	mate	ch th	he n	nam	e giv	en d	on li	ne 1	to a	avoi	þ	Sc	cial	sec	urity	nu	mber	_	_	_	_	_
		ithholding. For individuals, the																	а		}		-			_				
reside	nta sit	lien, sole proprietor, or disre is your employer identificati	egarde ion ni	ea er umbe	er (f	ty, se (FIN)	ee tr	ne ins vou d	stru In n	ot ha	ns ro ave	or F	umb	iau er. s	er. r see <i>l</i>	or o	to e	get a	3	L	<u> </u>	丄	┙		\bot	_	L	\bot		
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Part	11	Certification																						_						_
Under	pei	nalties of perjury, I certify tha	at:																											
		mber shown on this form is r																												
Sen	/ice	t subject to backup withhold (IRS) that I am subject to ba er subject to backup withho	ackup	p with	thho	e (a) oldin	l am ng as	n exe s a re	emp esult	t fro	m b a fai	ack ilure	kup v e to r	ithi epo	noldi rt all	ing, (I inte	or (I eres	b) I h t or	nave divid	not I ends	oeer s, or	1 na (c)	tified the II	l b RS	y the has	Inte notif	rnal ied	Reve me t	enue hat I	am
3. I am	al	J.S. citizen or other U.S. per	rson ((defin	ned	d bek	low);	; and	l																					
4. The	FA	TCA code(s) entered on this	form	(if ar	ny)	indi	icatir	ng th	nat I	am	exe	emp	t fror	n F	ATC.	A re	port	ling	is co	rrect										
becaus acquis	se y	on instructions. You must co ou have failed to report all into n or abandonment of secured interest and dividends, you £	terest I prop	and e	l divi , car	viden ancell	nds c	on you on of c	ur ta deb	ax re	eturr ontrik	n. Fo buti	or rea	al es o ar	tate ind	tran ividu	sac Ial r	tions etire	s, iter ment	n 2 c arra	does nge	not mer	t app nt (IR/	ly. A),	For mand,	nortg gene	gage erally	inter y, pay	rest p ymen	ts
Sign Here	· ·	Signature of U.S. person	Kr	2	5	~	_	5	_	_			-					Dat		8	11	5	1		24					
	_				1	_	_																		-					

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they