

**PLOT PLAN OR VARIANCE PLAN
BOROUGH OF SEA BRIGHT PLANNING/ZONING BOARD**

Application No. _____ Date 4/23/24
Application Name MSA Architects
Application Address 21 Cedar Ave Fair Haven 07724
Property Address 504 Ocean Ave Block 30 Lot 2

CHECKLIST Owner Christopher Pulitoro

Prior to issuance of a Certificate of Completeness and assignment of a hearing date, the Administrative Officer shall determine that the following documents have been submitted:

To be completed by Applicant (C=complete, N=Not complete, NA=not-applicable)

- C 1. 17 copies of Zoning Permit Denial
- C 2. 17 copies of completed application and check list, signed, dated, and notarized, **plus one** marked "FOR PUBLIC INSPECTION"
- C 3. 17 sets of plot plan or variance plan signed, dated, and notarized, also **Show Base Flood Elevation, plus one** marked "FOR PUBLIC INSPECTION"
- C 4. 17 copies of Survey (unless Variance Plan states that it is based upon the survey). Must indicate mean high waterline, if pertinent to application)
- C 5. 17 (sets of) Photographs of property/dwelling as it currently exists See Copy Flood Cert.
- C 6. Description of proposed operation (No. 15 in first part of application)
- C 7. Request for any variances (under No.11 in first part of application)
- C 8. Certificate of owner authorizing submission (after No. 26 in first part of application)
- C 9. Required application fees/check made payable to Borough of Sea Bright
- C 10. Required escrow fees/check made payable to Borough of Sea Bright
- C 11. Completed W-9 Form
- _____ 12. Certification that taxes and sewer utility charges are paid to date
- _____ 13. Completed Notice of Hearing
- _____ 14. Certified list of property owners within 200 feet

The following requirements must also be met before an application may be heard:

- _____ 15. Affidavit of Mailing and Service for Public Notice (Provide 7 days prior to hearing.)
- _____ 16. Affidavit of Publication for Public Notice (Provide 7 days prior to hearing.)

If Applicable:

- _____ 17. Proof of Application to Monmouth County
- _____ 18. Proof of application to NJDOT
- _____ 19. Application for CAFRA
- _____ 20. Application for Floodplain Encroachment Permit
- _____ 21. Application for Stream Encroachment Permit

After the application is deemed complete the Board Secretary will provide you with a hearing date so that you may notice property owners.

Certified mail receipts are to be provided **at least 7 days prior to hearing date.**

I certify the above information is accurate and complete.

DATED: 4/23/24 NAME: MSA Architects, Michael Savarese R.A.
LICENSE NO. 11043 SIGNATURE [Signature]
SEAL: _____

BOROUGH OF SEA BRIGHT UNIFIED PLANNING/ZONING BOARD APPLICATION

1099 Ocean Avenue Sea Bright, New Jersey 07760
732-842-0099 ext. 123

NOTE: All plans must be folded. Any rolled plans will not be accepted.

To be completed by Municipal staff only.

Date Filed _____ Application No. _____

Application Fees _____ Escrow Deposit _____

Reviewed for Completeness _____ Hearing _____

1. SUBJECT PROPERTY

Location: 504 Ocean Ave
Block 30 Lot 2
Dimensions: Frontage 37.5 Depth 140 Total Area 52.50
Zoning District: R-2

2. APPLICANT

Name: MSA Architects. - Tammy Caron.
Address: 21 Cedar Ave. Ste 101 Fair Haven, NJ 07724
Telephone Number: 732 530-1424 x204
Applicant is a: Corporation _____ Partnership _____ Individual (Architect)

3. DISCLOSURE STATEMENT: Pursuant to J.J.S. 40:55D-48-1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership, applicant must be disclosed. In accordance with N.J.S. 40:55D4-8.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to fully comply.)

4. If owner is other than the applicant, provide the following information on the Owner(s).

Owner's Name: Christophe Putterak
Address: 504 Ocean Ave Sea Bright
Telephone Number: 908-917-3502

5. Property Information:

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:

(Attach copies)

No ☒ Proposed ☐

Note: All deed restrictions, easements, association by-laws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

Present the use of the premises:

6. Applicant's Attorney: N/A
Address: _____
Telephone Number _____ Email: _____

7. Applicant's Engineer: N/A
Address: _____
Telephone Number _____ Email: _____

8. Applicant's Planning Consultant: N/A
Address: _____
Telephone Number _____ Email: _____

9. Applicant's Traffic Engineer: N/A
Address: _____
Telephone Number _____ Email: _____

10. List any other Expert(s) who will submit a report or who will testify for the Applicant: (Attach additional sheets as may be necessary).

Name: MSA Architects

Field of Expertise: architectural/zoning

Address: 21 Cedar Avenue, Suite 101, Fair Haven NJ 07704

Telephone Number: 732-530-1424 Email: Tammy.Larona@msassoc.com

11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:

_____ PLOT PLAN or VARIANCE PLAN APPROVAL

_____ SUBDIVISION

_____ Minor Subdivision Approval
_____ Subdivision Approval (Preliminary)
_____ Subdivision Approval (Final)

Number of lots to be created _____ (including remainder lot)

Number of proposed dwelling units _____ (if Applicable)

SITE PLAN:

☒ Minor Site Plan Approval
_____ Preliminary Site Plan Approval
_____ Final Site Plan Approval
_____ Amendment or Revision to an Approval Site
_____ Plan Area to be disturbed (square feet)
_____ Total number of proposed dwelling units
_____ Request for Waiver from Site Plan Review and Approval
☒ Request for Variance Approval

Reason for request:

*Side yard Setback - proposed elevation is within an non-conforming
Side yard Setback - proposed renovation reduces the side yard setback
which increases the existing non-conformity. Front yard Setback is an
existing non-conformity previously approved in
pnn application.*

_____ Informal Review
_____ Appeal decision of an Administrative Officer (N.J.S.A 40:55D-70A)
_____ Map or Ordinance Interpretation of Special Question (N.J.S.A.40:55D-70b)
☒ Variance Relief (hardship) (N.J.S. A. 40:55D-70c (1))
_____ Variance Relief (substantial benefit) (N.J.S.A.40:55D-70c (2))
_____ Variance Relief (use) (N.J.S 40:55D-70d)
_____ Conditional Use Approval (N.J.S 40:55D-67)
_____ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin. (N.J.S 40:55D-334)
_____ Direct issuance of a permit for a lot lacking street frontage (N.J.S 40:55D-35)

12. Section(s) of Ordinance from which a variance is requested 1.30 - 39C Side yard Setback.

13. Waivers requested of development standards and/or submission requirements:(attach additional pages as needed)

n/a

14. Attach a copy of the Notice to Appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished **at least 10 days prior** to the date scheduled by the Administrative Officer for the hearing. An Affidavit of Service on all property owners and Proof of Publication must be filed before the application will be complete and the hearing can proceed.

15. Explain in detail the exact nature of the application and the changes to be made at the premises including the proposed use of the premises: (attach pages as needed) ★

16. Is a public water line available? yes.

17. Is public sanitary sewer available? yes.

18. Does the application propose a well and septic system? NO

19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block number? NO

20. Are any off-tract improvements required or proposed? NO

21. Is the subdivision to be filed by Deed or Plat? NO

22. What form of security does the applicant propose to provide as performance and maintenance guarantees? N/A

23. Other approvals, which may be required, and date plans submitted:

**MARK THE FOLLOWING WITH A YES OR NO
AND DATES OF THE PLANS SUBMITTED**

NE Regional Sewer Auth N/A
Monmouth County Board Of Health N/A
Monmouth County Planning Board N/A
Freehold Soil Conservation District. N/A
NJ DEP N/A
Sewer Extension Permit N/A
Sanitary Sewer Connection Permit N/A
Stream Encroachment Permit N/A
Waterfront Development Permit N/A
Wetlands Permit N/A
Tidal Wetlands Permit N/A
Potable Water Constr. Permit N/A
NJ Department of Transportation N/A
Public Service Electric & Gas N/A
Other _____

24. Certification from the Tax Collector that all taxes due on the subject property have been paid.

25. Certification from Sewer Collector that sewer utility charges due on the subject property have been paid.

26. The Applicant hereby requests that copies of the reports of the Board Engineer and Board Planner reviewing the application be provided to the following of the applicant's professionals.

Applicant's Professional Report Requested:

Attorney N/A
Address: _____

Phone Number: _____ Email: _____

Engineer: N/A
Address: _____

Phone Number: _____ Email: _____

Architect:

msa Architects
21 Cedar Ave, Suite 101
Fair Haven, nj 07704
732-530-1424

CERTIFICATION

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate Application and that I am authorized to sign. (If the applicant is a corporation, this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this 19th day of April, 2024.

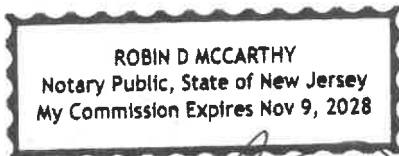
A Notary Public of NJ Owner

My Commission Expires: 11/9/28

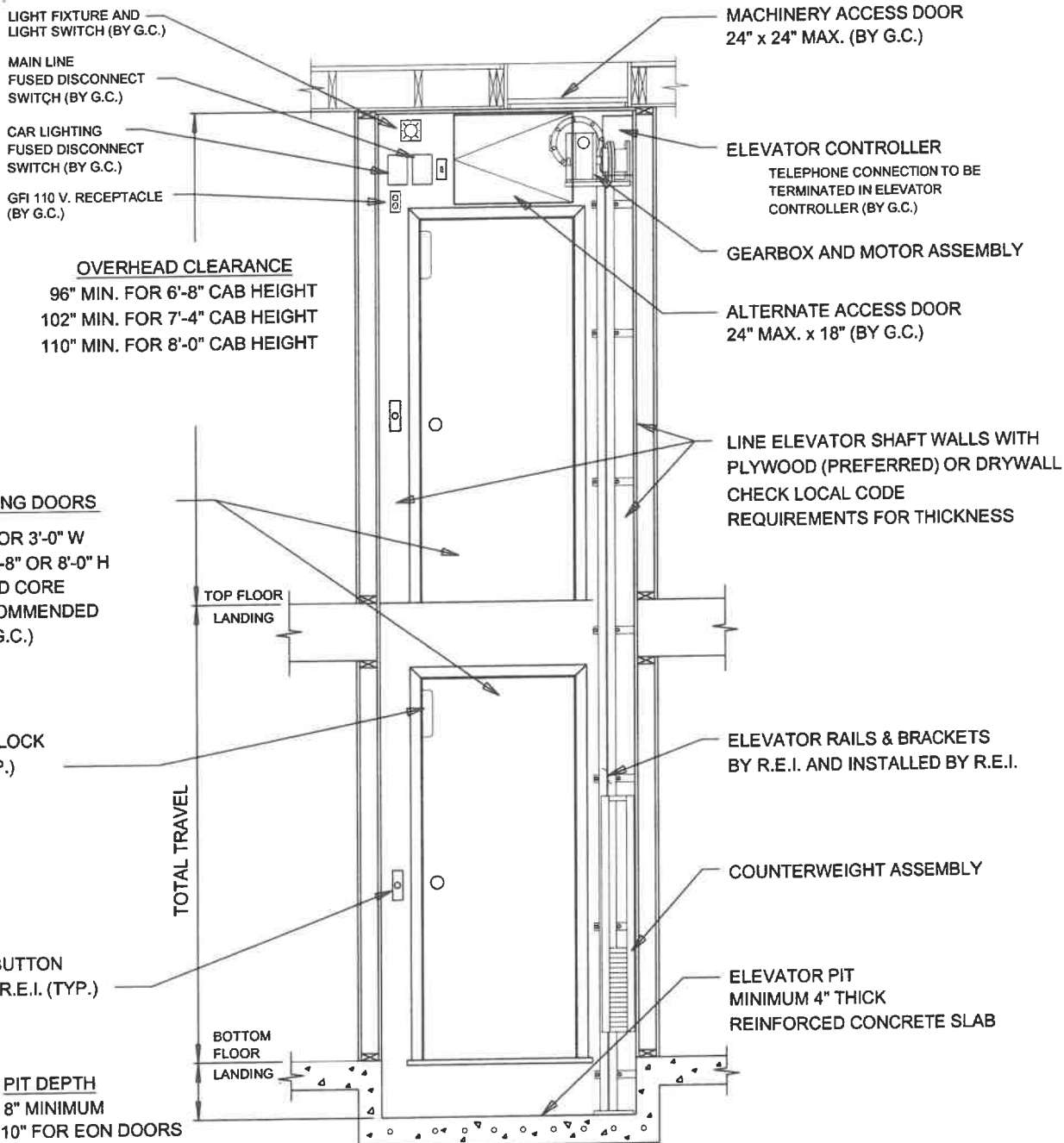
I understand that the sum of \$ 500.00 has been deposited in an escrow account (Builder's Trust Account). In accordance with the Ordinances of the Borough of SeaBright, I further understand that the escrow account is established to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials.

Sums not utilized in the review process shall be returned. If additional sums are deemed necessary, I understand that I will be notified of the required amount and shall add that sum to the escrow account within fifteen (15) days.

Date: 4/19/24 Applicant: [Signature]



[Signature]



NOTES:

1. RAIL IS CONCRETE ANCHORED WITH 1/2" REDHEAD OR CONCRETE SLEEVE BOLTS GR.5 - 1/2" x 4" ANCHORS
2. RAIL BRACKETS ARE LAGGED WITH 1/2" x 4" HEX HEAD LAG SCREWS
3. FOR EACH 1" HOISTWAY IS REDUCED IN WIDTH OR DEPTH CAR SIZE IS REDUCED BY 1" IN WIDTH OR DEPTH

TYPICAL ELEVATION

TYPICAL 2 STOP HOISTWAY LAYOUT

LUXURY LIFT LLT TRACTION

DRAWN:	CHECKED:	DATE:	REVISION
G.P.		01/20/06	NEW DRAWING
G.P.		10/21/09	CHANGE HEIGHT TO STD.
G.P.		06/04/10	ADD LLT DESIGNATION
S.G.		11/15/23	CHANGE OVERHEAD HEIGHTS & PIT DEPTH

JOB NAME:

TRACTION HOISTWAY
ELEVATION (TYP.)

DRAWING NUMBER

HOR 01

**RESIDENTIAL
ELEVATORS**

Elevating your standard of living

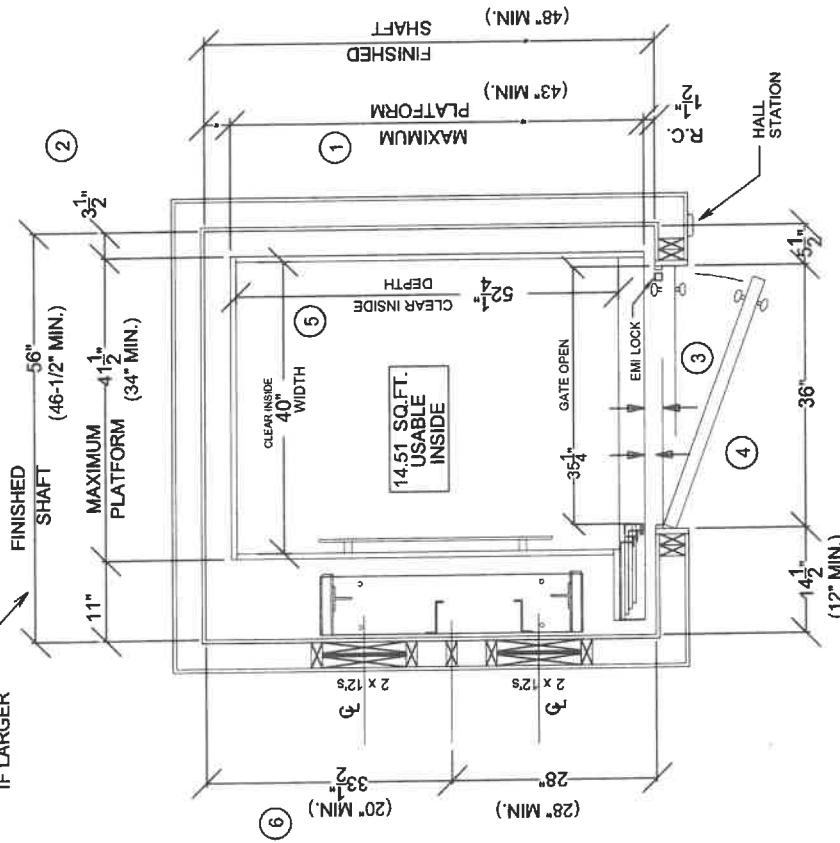
15

HOR HP2 MG 15

950#, LH RAIL, IN-LINE OPENING, MILLENNIUM GATE, 15 SQ. FT.

LUXURY LIFT TRACTION (LLT)

CONSULT FACTORY
IF LARGER



STANDARD HOISTWAY PLAN

NOTE: ALL DIMENSIONS ARE APPROXIMATE

NOTES:

- 1 IF PLATFORM SIZE IS REDUCED, THEN THE BLOCKING IS TO BE POSITIONED SUCH THAT IT IS CENTERED ON THE PLATFORM. (PLATFORM DEPTH / 2) + 2" = CENTERLINE OF RAIL BLOCKING OFF OF INSIDE FRONT WALL. (MIN. 28" DIMENSION)
- 2 CAR TO WALL (CTW) DIMENSION IS 3-1/2" MIN.
- 3 HOISTWAY DOORS & FRAMES MUST BE INSTALLED TO COMPLY WITH THE AUTHORITY HAVING JURISDICTION REQUIREMENTS. THESE DIMENSIONS VARY. CONSULT YOUR RESIDENTIAL ELEVATORS SALES REPRESENTATIVE FOR DETAILS PRIOR TO CONSTRUCTION.
- 4 HOISTWAY DOORS TO BE SOLID CORE (BY OTHERS.)
- 5 CLEAR CAB DIMENSIONS BASED ON A 3/4" FLAT WALL CAB DESIGN.
- 6 MIN. CLEARANCE TO ALLOW FOR MOTOR/ BRAKE/ GEARBOX

All Traction Elevators require an access panel for emergency lowering. Access panel size and location must be discussed with your Residential Elevators Sales Representative prior to construction.



Elevating Your Standard of Living
ResidentialElevators.com
800.832.2004

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