Land Use Application Master Checklist

Name of Applicant:	JAMES G.	+HUGH	F. Me6	VIRE
	Block No.	8021	ot No(s)	8

XXX	Required for all applications: General Information Certifications Taxpayer Identification number & certification	Complete form: Form G-1 Form C-1 IRS form W-9	
	Type of approval sought (check all as appropriate	a):	
()	Appeal from decision of Administrative Officer	Form A-1	
(X)	Bulk Variance (parcel)	Form B-1	
()	Bulk Variance (signage)	Form B-2	
()	Bulk Variance (homeowner)	Form B-3	
(X	Contribution Disclosure Statement	Form DS-1	
()	Conditional Use	N/A	
()	Informal	N/A	
()	Interpretation	N/A	
()	Lot Consolidation	N/A	
()	Site Plan, Informal	N/A	
()	Site Plan, Waiver	N/A	
()	Site Plan, Minor	N/A	
()	Site Plan, Preliminary Major	N/A	
()	Site Plan, Final Major	N/A	
(×)	Subdivision, Minor	N/A	
()	Subdivision, Preliminary Major	N/A	
()	Subdivision, Final Major	N/A	
()	Use Variance	Form U-1	
()	Other (specify)	N/A	
	List all accompanying material:		
Descrip	<u>ption</u>	Number Submitted	
	MINOR SUBDIVISION PLAN		
	List name & address of all expert witnesses expe	ected to testify:	
VAN (LEUF ENGINETRING			
	1705 RUSTE 37 WAST		
	TOM'S RIVE, N.T. 08753		

	eneral Information	
1.	Applicant:	: 40 (77 73.04)
	Name JAMB G+ HUGH F. MEGUIRE	Phone 609-577-2264
	Address 35/ LAWRENT POAD	Fax
	LAWRENTS, N.J. 08648	Email
2.	Owner of land (as shown on current tax record	ds):
	Name SAMO	Phone
	Address	
		Email
3.	Attorney (where applicable):	Constant of 1
	Name MIPHAIZ H. MHEEL 156.	Phone 609-301-7846
	Address / WION 9t, SUITS 208	Fax 609-503-4696
	ROBBINGILLO, N.J. 08691	Email MMA GUT PMGUT 1900 NJ. CON
		Ellian Million Colombia Colombia
4.	Engineer (where applicable): 50200401	_
	Name JOSUAN (ANADA WT. PLS.	Phone 732:573:0490
	Address 1705 2000 37 0087	Fax
	10m's Rivo, N.T. 08253	Facet
	7. 7. 7. 65-5	Email
5.	If the applicant is a corporation or partnership,	- List the names and addresses of all stack
8.92	holders or partners owning a 10% or greater int	
	accordance with P.L.1977 Ch.336.	terest in said corporation or partnership in
	NIA.	
	77/4	
6.	Location of Land:	
0.	Lot No(s)	7 Tau Man Da/a)
	Street(s) 351 LAWRING ROAD AND	Z Tax Map Pg(s)
	Success Ja 1 Cotto Vine 160 110 1600	1/1/10/10 / 100000
7.	Zoning designation of parcel (see Zoning Map):	R-4, RESIDENTIAL 4 DISTRICT
8.	Name of proposed development:	11 11 703101111110 1 111212101
J.	Turne or proposed development	

Certifications

Certification of applicant:

Bulk Variance (Parcel)

Existing and proposed property dimensions as compared to the zoning ordinance requirements:

	Permitted for zone in which property is located	Permitted for zone where proposed use is allowed (1)	Existing	Proposed	Extent of variance requested
LOT DATA					
Lot Area	7,500 SF	SF	/30,035°SF	22.673SF	SF
Lot Frontage	60 FT	FT	834.54FT	301.2FT	FT
Lot Width	FT	FT	111.67 FT	111.67	FT
Lot Depth	FT	FT	11.67 FT	111.67 FT	FT
Parking Spaces			7		
Floodplain Buffer (if applicable)	N/A FT	FT	W/A FT	N/A FT	FT
Total Impervious Coverage	65 %	%	7.5 %	23.8%	%
PRINCIPAL BUILDING					
Front Yard setback	30 FT	FT	0.7 FT	6.7 FT	FT
Left Side Yard setback	10 FT	FT	FT.	FT	FT
Right Side Yard setback	/0 FT	FT	FT	FT	FT
Rear Yard setback	35 FT	FT	/33 .1 FT	35 FT	FT
Floor Area Ratio					
Building Height	FT	FT	FT	FT	FT
ACCESSORY BUILDING					
Side Yard setback	FT	FT	FT	FT	FT
Rear Yard setback	FT	FT	FT	FT	FT
Dist. to Other Building	FT	FT	FT	FT	FT

(1) Complete this column with a Use Variance application only Mark any pre-existing variance with an " * ".

Property Owner's List Request Form

			Date Plate
TO: Depa	artment of Engi	ineering	/ Buto
Please prepa	are a list of pro	perty owners within 200' of:	
	Block _ 9	102 Lot(s) 8 T	ax Map Page(s) 9
		Applicat	ion No
Applicant:	Name:	JAMES 6 McGO120 + HOGH F.	Mobile
	Address:	351 LAWRING DOAD, L	AURINE, WI. Ox645
	Phone No.:	609-577-2264	
	E-mail:		
Contact:	Name:	Michae A. MAGET, OSQ.	
	Address:	1 UNION St. Sorrs 208 1808	BINSULUS N.T. 08691
	Phone No.:	609-301-7846	
	E-mail:	MMAGEOR MAGEOCANAS.	Dom
The above lis days as per C	t is requested ordinance requ	to be provided by the Department of Engine irements.	ering within seven (7)
Please Mail R	equest to:	Township of Lawrence Department of Engineering 2207 Lawrence Road	

Please Note: There is a \$10.00 charge for the list. If the list is over forty (40) names, an additional \$0.25 per name will be charged. No list or recheck of same will be released until the required fee is paid.

Lawrence Township NJ 08648

Contribution Disclosure Statement

) SS
	COUNTY OF MERCER)
	JAMIS G. McGURO + HUCHT. McGURO , being duly sworn according to
	(name of property owner, developer, redeveloper or professional) law upon (his, her, their) oath, depose and say: I, Thurs 6 Mobile + Hourt Mibrie
	a property owner, developer, redeveloper or professional making an application in reference to a property
	identified as 351 1AW2WU6 POM 9.02 8 Property address Block Lot(s)
	am providing representation and/or support for an application for certain approvals to the Planning Board
	or Zoning Board of Adjustment in the Township of Lawrence, County of Mercer, State of New Jersey do
	hereby disclose the name of the recipient of any contribution made to or on behalf of any candidate,
	candidate committee, joint candidates committee and any pledge, promise or other commitment or
	assumption of liability to make such transfer, in accordance to Lawrence Township Council Ordinance
	1949-07, effective September 24, 2007. The disclosure below includes all such contributions made
	during the time period measuring from four (4) years prior to the filing of this application.
	I further understand that continuing disclosure is required for such contributions made following the filing
	of this Contribution Disclosure Statement during the approval process and hereby agree that prior to
	granting of final approval of the application, I will amend the disclosure statement if such further
	contributions are made.
>	(Signature) Alf Marie
	Sworn to and Subscribed before
	me thisday of
	(Notary Public)
	WITCHAEL H. MAGEE Storney at Law of New Jersey Page 1

Contribution Disclosure Statement

AMOUNT	DATE
-0-	N/A
	,

Provide additional pages as necessary