# **Land Use Application Master Checklist**

Name of Applicant: New and Living Way Ministries

Block No. 2201 Lot No(s) 17.02

		Required for all applications:	Complete form:
( )	)	General Information	Form G-1
( )	}	Certifications	Form C-1
( )	)	Taxpayer Identification number & certification	IRS form W-9
		Type of approval sought (check all as appropriate)	:
( )	)	Appeal from decision of Administrative Officer	Form A-1
( )	)	Bulk Variance (parcel)	Form B-1
( )	1	Bulk Variance (signage)	Form B-2
( )		Bulk Variance (homeowner)	Form B-3
( )		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
(X)		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
(X)		Use Variance	Form U-1
( )		Other (specify)	N/A
		List all accompanying material:	
Desc	crip	otion	Number Submitted
Vai	riar	nce Plan prepared by Agresta Engineering &	
		1 1 7 3	<u> </u>
\ <del></del>			
-			
		List name & address of all expert witnesses expe	ected to testify:
Sai	mu	iel J. Agresta, PE, PP, CME	to testify.
Agı	res	sta Engineering & Planning, 2020 Fairfax Av	enue, Suite 107, Cherry Hill, NJ 08003

	mation ant:		
Name Address	New and Living Way Ministries  501B Spruce Street  Trenton, NJ 08618	Phone Fax Email	(267) 408 - 8667 seniorpastor@nlwm.net
Owner Name Address	of land (as shown on current tax records): AADHVI Estates, LLC C/O Princeton Really Management Group, LLC 195 Nassau Street, Suite 7 Princeton, NJ 08542	Phone Fax Email	609-921-7655  Tracy@princetonrealtymg.cc
Attorne Name Address	Kevin Diduch, Esq. 35 Kings Highway East, Suite 104 Haddonfield, NJ 08033	Phone Fax Email	856-888-6050 856-888-6055 KD@kdlawgroupllc.com
Name	er (where applicable): Sam Agresta, PE, PP, CME 2020 Fairfax Avenue, Suite 107	Phone Fax	856-843-6950
Address	Cherry Hill, NJ 08003	Email	sagresta@agrestaep.com
If the ap	The second secon	Email	and addresses of all stock
If the aphological holders	Cherry Hill, NJ 08003  oplicant is a corporation or partnership, list the or partners owning a 10% or greater interest	Email	and addresses of all stock
If the aphological holders	Cherry Hill, NJ 08003  oplicant is a corporation or partnership, list the or partners owning a 10% or greater interest	Email	and addresses of all stock
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If the apholders accorda N/A	Cherry Hill, NJ 08003  oplicant is a corporation or partnership, list the or partners owning a 10% or greater interest ance with P.L.1977 Ch.336.	Email	and addresses of all stock orporation or partnership in
If the apholders accorda N/A	Cherry Hill, NJ 08003  oplicant is a corporation or partnership, list the or partners owning a 10% or greater interest ance with P.L.1977 Ch.336.  on of Land:  i) 17.02 Block(s) 2201	Email he names t in said co	and addresses of all stock prporation or partnership in Map Pg(s)
If the apholders accorda N/A Location Lot No(s) Street(s)	Cherry Hill, NJ 08003  oplicant is a corporation or partnership, list the or partners owning a 10% or greater interest ance with P.L.1977 Ch.336.  on of Land:  by 17.02  Block(s)  2201	Email ne names t in said co	and addresses of all stock prporation or partnership in Map Pg(s)

## Certifications

Certification of appli	cant:		
I/we do hereby certify and accurate.	that all statements made herein and in any do		
Applicant's signature	Shannon Mason (Print or type name)	Date	5/06/25
Owner's consent to	filing of application:		
If the applicant is not signed by the owner of	the owner of the property, have owner sign bel consenting to the application.	low or file v	vith the application a letter
am the current ow application.	mer of the subject property and am aware		_
Owner's signature	(Print or type name)	Date	05-09-2025
Acceptance of reason	onable review & Inspection costs:		
submitted herewith a	e to pay all reasonable costs for professional nd for subsequent township inspection of any or future fond releases, where such inspection	improvem is required.	ents to be constructed in
Applicant's signature	Shannon Mason (Print or type name)	Date	5/06/25
Authorization for tov	vnship officials to enter upon property:		
I/we do hereby grant enter upon the subject	authorization to township officials, including Plate property for the purpose of inspection related	anning or Z to this appli	coning Board members, to ication.
Owner's signature	HIMANIAS KALRA (Print or type name)	Date	05-09 - 2025

## 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 <sup>(1)</sup>	Existing N/A	Proposed N/A	Extent of variance requested N/A
LOT DATA	НС	NC1, NC2, MX2 EGI, R1, R2, R2B R3, R4, R5			
Lot Area	SF	SF	SF	SF	SF
Lot Frontage	FT	FT	FT	FT	FT
Lot Width	FT	FT	FT	FT	FT
Lot Depth	FT	FT	FT	FT	FT
Parking Spaces					
Floodplain Buffer (if applicable)	FT	FT	FT	FT	FT
Total Impervious Coverage	%	%	%	%	%
PRINCIPAL BUILDING					
Front Yard setback	FT	FT	FT	FT	FT
Left Side Yard setback	FT	FT.	FT	FT	FT
Right Side Yard setback	FT	FT	FT	FT	FT
Rear Yard setback	FT	FT	FT	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 " \* ".

<sup>\*\*</sup>No building improvements being made\*\*

# Bulk Variance (Signage)

# Existing and proposed signage requirements as compared to the zoning ordinance requirements:

	Permitted for zone in which property is located	Existing N/A	Proposed N/A	Extent of variance requested
Freestanding Sign				
Number				
Area	SF	SF	SF	SF
Setback	FT	FT	FT	FT
Height	FT	FT	FT	FT
Façade Sign				
Number				
Area	SF	SF	SF	SF

Mark any pre-existing variance with an " \* ".

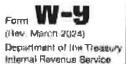
# **Use Variance**

Request is hereby made for permission	n to use, erect, alter, or convert a House of worship
contrary to the requirements of § for other relief as follows:	420 (HC - Highway Commercial) of the Land Use Ordinance, or
Tot data relief as follows.	
List the zoning districts in which to Conditionally Permitted - R1, R2	he proposed use is allowed: Permitted - NC1, NC2, MX2, EGI 2, R2B, R3, R4, R5
	located on the property and their current use: mate foot print of 7,760 sf dedicated to office space
property: 4,600 SF retail space loc	structures located on the properties surrounding the subject cated to the West, 13, 500 SF retail/warehouse located the South, Brunswick Pike (NJ Route 10) located to the
4. Has there been any previous apport the Building Inspector involving theseYesXNo	eal, request, or application to this or any other Township Boards premises?
If Yes, state the nature, date, applicatio	n no. and disposition of said matter. N/A

# **Property Owner's List Request Form**

			5/6/25
TO: Depa	artment of Engi	neering	Date
то. Бере	artinent of Engl	neering	
Please prepare	are a list of pro	perty owners within 200' of:	
	Block22	01 Lot(s) 17.02	Tax Map Page(s) <u>22</u>
			Application No.
Applicant:	Name:	New and Living Way Minis	tries
	Address:	2500 Brunswick Pike, Lawr	enceville, NJ 08648
	Phone No.:	(267) 408 - 8667	
	E-mail:	seniorpastor@nlwm.net	
Contact	Namas	Kavin Diduah Fasa KD Lav	Onc 1.1. O / attacks a for a 1 ' 1
Contact:	Name:	Kevin Diduch, Esq KD Lav	v Group, LLC (attorney for applicant)
	Address:	35 Kings Highway East, Suit	te 104, Haddonfield, NJ 08033
	Phone No.:	856-888-6050	
	E-mail:	KD@kdlawgroupllc.com	
The above li	st is requested	to be provided by the Departmen	t of Engineering within seven (7)
	Ordinance requ		t of Engineering within seven (7)
Please Mail I	Request to:	Township of Lawrence Department of Engineering 2207 Lawrence Road Lawrence Township NJ 08648	3

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.



# Request for Taxpayer Identification Number and Certification

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

Give form to th requester. Do r send to the IAS

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the overness/disregar nnility's name on line 2.) Realty & Development Business name/disregarded entity name, if different from abo 7 Check the appropriate box for federal tax classification of the entray/individual whose name is entered on time t. Check 4 Exemptions foodes apply poly atted only one of the following seven hoxes. certain antities, not individuals see instructions on page 3) Individual/sole proprietor C corporation S corporation | Partnership See Specific Instructions on LLC. Enter the tax classification (C = C corporation, 8 = S corporation, P = Partnership) Exempt payee code (if any) Print or type Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, B, or P) for the tax classification of the LLC, unless it is a disregarded antity. A disregarded entity should instead check the appropriate Exemption from Foreign Account box for the tax classification of its owner. Compliance Act (FATCA) reporting code (if any) Other (see instructions) 36 If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" se its tax classification. (Applies to accounts maintains and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check outside the United States.) this box if you have any foreign partners; owners, or beneficiaries. See instructions Address (number, street, and apt. or suite co.). See instructions. Haquestar's name and address (optional) P. O. City, state, and ZIP code 0955 I (Enotion) even (E) sectrain fraudomail Part I Taxpayer Identification Number (TIN) Social security member Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid

backup withholding. For Individuals, this is generally your social security number (SSN), However, for a resident allen, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Employer identification rumber
or

#### Part II Certification

Under penalties of penjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or i am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report at interest or dividends, or (c) the IRS has notified me that I no longer subject to backup withholding; and
- 3. fam a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest [ acquisition or abandonmapt of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, paymer other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II. late

Sign Here

Signature of U.S. parson

# 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, if should chack 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 to another flow-through entity in which it has an ownership interest. 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 foreig partners may be required to complete Schedules K-2 and K-3. See t Partnership Instructions for Schadules K-2 and K-3 (Form 1085).

# Purpose of Form

Oale

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

# (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 you begin. For guidance related to the purpose of Form W-9, s	ee Purpose of Form, be	elow.						
	1 Name of entity/individual. An entry is required. (For a sole proprietor of entity's name on line 2.)	r disregarded entity, enter	the owner's r	name on line	1, and	enter the	busii	ness/dis	regarded
	Shannon M. Ma	SON							
	2 Business name/disregarded entity name, if different from above.								
Print or type. c Instructions on page 3.	3a Check the appropriate box for federal tax classification of the entity/ir only one of the following seven boxes.  Individual/sole proprietor	ration Partnership ation, P = Partnership) he appropriate code (C, S,	or P) for the ta	st/estate	Exem Exem Com	emptions rtain entit e instruct pt payee ption fro pliance A (if any)	code	ot individual on page ( (if any)	duals; 3): count Tax
P Specific	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked and you are providing this form to a partnership, trust, or estate in this box if you have any foreign partners, owners, or beneficiaries. Se	which you have an owner	ship interest,	check		oplies to a outside th			
See	5 Address (number, street, and apt. or suite no.). See instructions.		Reques	ster's name	and ad	dress (op	tional	)	
0,	318 Reading Ade.								
	6 City, state, and ZIP code								
	Trenton, NJ U8618								
	7 List account number(s) here (optional)								
Par	Townswer Identification Number (TIM)								
				Social se	curity r	number			
	your TIN in the appropriate box. The TIN provided must match the ip withholding. For individuals, this is generally your social security	_			$\neg$		Γ		
	ent alien, sole proprietor, or disregarded entity, see the instructions			11 41	] -	1/1/2	-	3/8	41
	es, it is your employer identification number (EIN). If you do not have	ve a number, see How t	to get a	or					
TIN, I	iter.			Employer	r identification number				
	If the account is in more than one name, see the instructions for I		ame and		_				
Numt	er To Give the Requester for guidelines on whose number to ente	Γ.							
Par	Certification								
	penalties of perjury, I certify that:								
	number shown on this form is my correct taxpayer identification								
Ser	n not subject to backup withholding because (a) I am exempt from vice (IRS) that I am subject to backup withholding as a result of a longer subject to backup withholding; and								
3. I an	a U.S. citizen or other U.S. person (defined below); and								
4. The	FATCA code(s) entered on this form (if any) indicating that I am e	xempt from FATCA rep	orting is cor	rect.					
becau acquis other t		urn. For real estate trans tributions to an individua	actions, item al retirement de your corre	n 2 does no arrangeme	nt (IRA	y. For mo	ortga jenera	ge inter ally, pay	est paid, ments
Here	U.S. person		Date		10		d	2	
Gei	neral Instructions	New line 3b h							

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# What's New

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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

# **Project Summary**

2500 Brunswick Pike, Suite 110, Lawrenceville, NJ 08648

New and Living Way Ministries is a small faith community that has been serving the Mercer County Community for over 20 years. The members and attendees hail from Mercer and Burlington counties and we have a significant online following which includes participants from other states. The goal is to equip individuals and families to effectively serve the communities in which they are located. The church will consist of Suite 101-101B to create Suite 110 per the attached concept sketch and exhibit overlay.

## Core activities include:

- Corporate Worship services
- Small group gatherings (such as bible studies, men's groups, women's groups and trauma healing groups)
- One-on-one mentoring

## **Operations:**

- Sunday Mornings & 1 evening a week (2hrs)
- Estimated 60 people to attend in-person services

## Additional Uses in the Property:

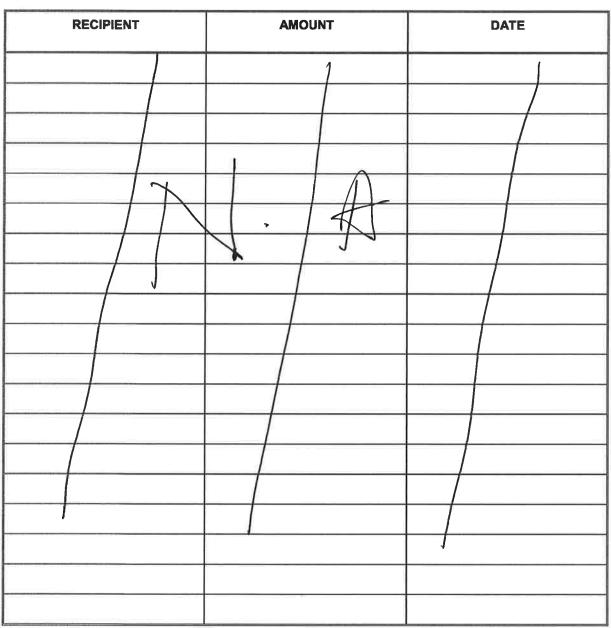
The Subject Property currently houses three (3) medical offices, two (2) psychology practices and one (1) general office tenant.

# **Contribution Disclosure Statement**

STATE OF NEW JERSEY )
COUNTY OF MERCER )
(name of property owner, developer, redeveloper or professional)  law upon (his, her, their) oath, depose and say: I, HIHANSHO KALAA (AADHUI ESTATE U
identified as 250 BRUNSWICK PIKE, LAWRICE 220   (17.02)  Property address VIVA 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)
Sworn to and Subscribed before me thisday of
Notary Public)

VINOD NIJHAWAN NOTARY PUBLIC OF NEW JERSEY My Commission Expires 3/09/2026 Commission # 2405351

## **Contribution Disclosure Statement**



Provide additional pages as necessary