

S-2/23

Township of Lawrence
Mercer County NJ
Department of Community Development
Land Use Application Master Checklist

Name of Applicant: Stefani DeClercq

Block No. 4401 Lot No(s) 9.01

- | | | |
|-------------------------------------|--|-----------------------|
| | Required for all applications: | Complete form: |
| <input checked="" type="checkbox"/> | General Information | Form G-1 |
| <input checked="" type="checkbox"/> | Certifications | Form C-1 |
| <input checked="" type="checkbox"/> | Taxpayer Identification number & certification | IRS form W-9 |

- Type of approval sought (check all as appropriate):**
- | | | |
|-------------------------------------|--|-----------|
| <input type="checkbox"/> | Appeal from decision of Administrative Officer | Form A-1 |
| <input type="checkbox"/> | Bulk Variance (parcel) | Form B-1 |
| <input type="checkbox"/> | Bulk Variance (signage) | Form B-2 |
| <input type="checkbox"/> | Bulk Variance (homeowner) | Form B-3 |
| <input type="checkbox"/> | Contribution Disclosure Statement | Form DS-1 |
| <input type="checkbox"/> | Conditional Use | N/A |
| <input type="checkbox"/> | Informal | N/A |
| <input type="checkbox"/> | Interpretation | N/A |
| <input type="checkbox"/> | Lot Consolidation | N/A |
| <input type="checkbox"/> | Site Plan, Informal | N/A |
| <input type="checkbox"/> | Site Plan, Waiver | N/A |
| <input checked="" type="checkbox"/> | Site Plan, Minor | N/A |
| <input type="checkbox"/> | Site Plan, Preliminary Major | N/A |
| <input type="checkbox"/> | Site Plan, Final Major | N/A |
| <input type="checkbox"/> | Subdivision, Minor | N/A |
| <input type="checkbox"/> | Subdivision, Preliminary Major | N/A |
| <input type="checkbox"/> | Subdivision, Final Major | N/A |
| <input type="checkbox"/> | Use Variance | Form U-1 |
| <input type="checkbox"/> | Other (specify) | N/A |

List all accompanying material:

<u>Description</u>	<u>Number Submitted</u>
Plan of Minor Subdivision, Plan of Existing Conditions and Grading Plan	1

List name & address of all expert witnesses expected to testify:

Kevin M. Brakel, PE - Engineer - 53 North Post Road, Princeton Junction, NJ 08550

Township of Lawrence
Mercer County NJ
Department of Community Development

General Information

1. Applicant:

Name Stefani DeClercq Phone 908-433-9779
Address 119 Federal City Road Fax N/A
Lawrenceville, NJ 08648 Email stefanideclercq@gmail.com

2. Owner of land (as shown on current tax records):

Name Same as Applicant Phone _____
Address _____ Fax _____
_____ Email _____

3. Attorney (where applicable):

Name Jonathan E. Mayer Phone 609-987-5342
Address 100 Lenox Drive, Suite 200 Fax 610-371-7912
Lawrenceville, NJ 08648 Email jonathan.mayer@stevenslee.com

4. Engineer (where applicable):

Name Kevin M. Brake, PE Phone 609-799-1906 ext 16
Address PO Box 610 Fax 609-799-1524
53 North Post Road Email kbrakel@pjepc.com
Princeton Junction, NJ 08550

5. If the applicant is a corporation or partnership, list the names and addresses of all stock holders or partners owning a 10% or greater interest in said corporation or partnership in accordance with P.L.1977 Ch.336.

Not Applicable

6. Location of Land:

Lot No(s) 9.01 Block(s) 4401 Tax Map Pg(s) 44
Street(s) 119 Federal City Road

7. Zoning designation of parcel (see Zoning Map): R-1

8. Name of proposed development: _____

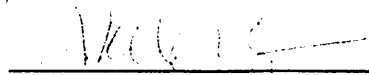
Township of Lawrence
Mercer County NJ
Department of Community Development

Certifications

Certification of applicant:

I/we do hereby certify that all statements made herein and in any documents submitted herewith are true and accurate.

Applicant's signature


Stefani DeClercq
(Print or type name)

Date


7/28/16

Owner's consent to filing of application:

If the applicant is not the owner of the property, have owner sign below or file with the application a letter signed by the owner consenting to the application.

I am the current owner of the subject property and am aware of and consent to the filing of this application.

Owner's signature


Stefani DeClercq
(Print or type name)

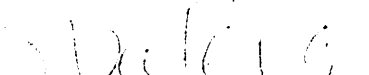
Date

7/28/16

Acceptance of reasonable review & inspection costs:

I/we do hereby agree to pay all reasonable costs for professional review of the plan(s) and material submitted herewith and for subsequent township inspection of any improvements to be constructed in connection therewith or future bond releases, where such inspection is required.

Applicant's signature


Stefani DeClercq
(Print or type name)

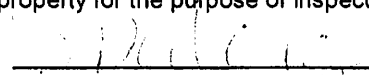
Date

7/28/16

Authorization for township officials to enter upon property:

I/we do hereby grant authorization to township officials, including Planning or Zoning Board members, to enter upon the subject property for the purpose of inspection related to this application.

Owner's signature


Stefani DeClercq
(Print or type name)

Date

7/28/16

Township of Lawrence
Mercer County NJ
Department of Community Development

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	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 " * ".

Township of Lawrence
Mercer County NJ
Department of Community Development

Bulk Variance (Signage)

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

	Permitted for zone in which property is located	Existing	Proposed	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 “ * ”.

Township of Lawrence
Mercer County NJ
Department of Community Development

Use Variance

Request is hereby made for permission to use, erect, alter, or convert a _____
contrary to the requirements of § _____ of the Land Use Ordinance, or
for other relief as follows: _____

1. List the zoning districts in which the proposed use is allowed: _____

2. Describe the existing structure(s) located on the property and their current use:

3. Describe the type and use of the structures located on the properties surrounding the subject
property: _____

4. Has there been any previous appeal, request, or application to this or any other Township Boards
or the Building Inspector involving these premises?

_____ Yes _____ No

If Yes, state the nature, date, application no. and disposition of said matter. _____

**Township of Lawrence
Mercer County NJ
Department of Community Development**

Appeal from decision of Administrative Officer

NOTICE OF APPEAL

TAKE NOTICE that the undersigned, owner of premises in the Township of Lawrence designated on township tax map page _____ as Block(s) _____ Lot(s) _____ ("Premises"), also known as _____, located in the _____ zoning district, owned by _____ or has interest in said premises and has permission of the owner and has sought relief from the administrative officer, hereby appeals to the Zoning Board of Adjustment from the order, determination, or decision of said administrative officer made on the ___ day of _____, granting / denying a _____ to _____ permit construction of a _____ on said premises. The administrative officer gave as the reason for that action (attach any correspondence):

TAKE FURTHER NOTICE that you are hereby required to immediately transmit to the Secretary of the Zoning Board of Adjustment and the statute in which such case made and provides.

Dated: _____
_____ Appellant

(NOTE: THIS NOTICE OF APPEAL MUST BE SERVED UPON THE ADMINISTRATIVE OFFICER FROM WHOM THE APPEAL IS TAKEN WITHIN 20 DAYS OF THE DATE OF THE ACTION WHICH IS APPEALED).

Contribution Disclosure Statement

STATE OF NEW JERSEY)
) SS
COUNTY OF MERCER)

Jonathan E. Mayer, being duly sworn according to
(name of property owner, developer, redeveloper or professional)
law upon (his, her, their) oath, depose and say: I, Jonathan E. Mayer

a property owner, developer, redeveloper or professional making an application in reference to a property
identified as 119 Federal City Road 4401 9.01
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]
(Signature)

Sworn to and Subscribed before

me this 28th day of

JULY 2023
[Signature]
(Notary Public)

BRIANNA N. BURGESS
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JAN 6, 2025

Contribution Disclosure Statement

RECIPIENT	AMOUNT	DATE

Provide additional pages as necessary

Contribution Disclosure Statement

RECIPIENT	AMOUNT	DATE

Provide additional pages as necessary

Township of Lawrence
Mercer County NJ
Department of Community Development

NOTICE TO ALL APPLICANTS

Lawrence Township would like to offer applicants an explanation of our escrow accounting system so that they may better understand our practices prior to filing an application with our Zoning or Planning Board.

There are two cost components to the application submission – the application fee and the escrow deposit. The application fee is a non-refundable charge to cover direct administrative expenses.

The escrow deposit is authorized by State law and is established to cover the costs of professional services including engineering, legal, planning and other expenses connected with the review of an application and the appearance before the Zoning or Planning Boards. Some professional services are provided by in-house staff and other services by outside consultants. The law provides that the costs of outside consultant services are recovered in full and in-house staff services are recovered at double the staff member's hourly compensation. The initial escrow deposit established by Lawrence Township is almost always less than the Township's cost to complete the application process. When an escrow account is depleted, the applicant must replenish the account.

The Township sends invoices quarterly on escrow accounts. Please be advised, however, that any charges in excess of the escrow deposit must be paid in full at each of the following stages – before plans are approved, before a building permit is issued, and before a Certificate of Occupancy is issued.

We hope that this assists you in understanding the costs associated with the application process. If you need further assistance, please contact the Finance Office at 609/844-7010.

Township of Lawrence
Mercer County NJ
Department of Community Development
Property Owner's List Request Form

Date

TO: Department of Engineering

Please prepare a list of property owners within 200' of:

Block 4401 Lot(s) 9.01 Tax Map Page(s) _____

Application No. _____

Applicant: Name: Stefani DeClercq
Address: 119 Federal City Road, Lawrenceville, NJ 08648
Phone No.: 908-433-9779
E-mail: stefanideclercq@gmail.com

Contact: Name: Jonathan Mayer
Address: 100 Lenox Drive, Suite 200, Lawrenceville, NJ 08648
Phone No.: 609-987-5342
E-mail: jonathan.mayer@stevenslee.com

The above list is requested to be provided by the Department of Engineering within seven (7) days as per Ordinance requirements.

Please Mail Request to: Township of Lawrence
Department of Engineering
2207 Lawrence Road
Lawrence Township NJ 08648

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

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. John Doe</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p> <p>5 Address (number, street, and apt. or suite no.) See instructions. _____</p> <p style="text-align: right;">Requester's name and address (optional)</p> <p>6 City, state, and ZIP code _____</p> <p>7 List account number(s) here (optional)</p>
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Part I Taxpayer Identification Number (TIN)

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 alien, 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.

Social security number

1	2	3	4	5	6	7	8	9	10	11	12
9	8	7	6	5	4	3	2	1	-	9	8

or

Employer identification number

1	2	3	4	5	6	7	8	9	10	11	12
1	2	3	4	5	6	7	8	9	-	0	1

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

Part II Certification

Under penalties of perjury, 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
- 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 all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am 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 paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments 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, later.

Sign Here	Signature of U.S. person ▶ John Doe	Date ▶ 10/20/18
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

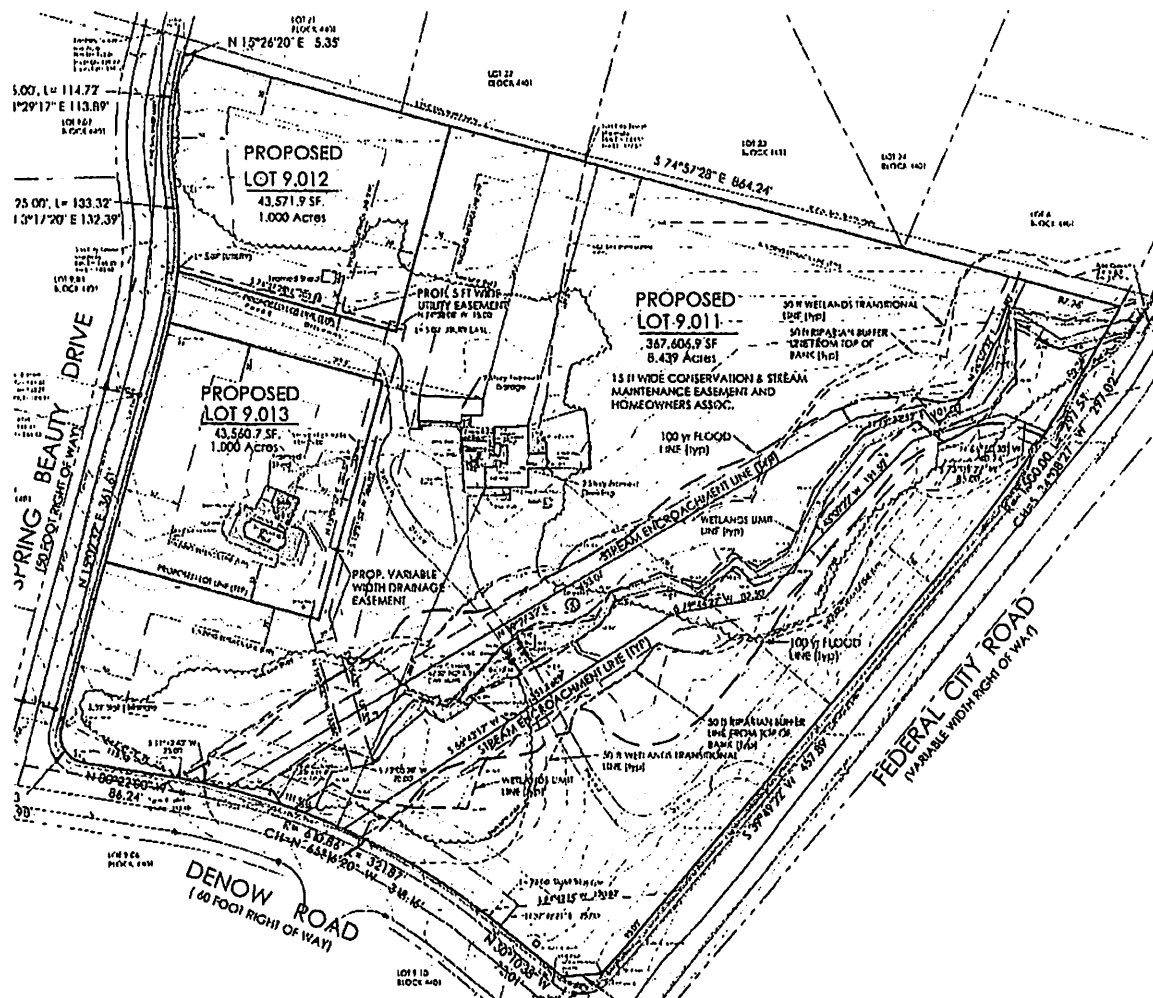
- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Narrative Statement

Stefani DeClercq submits this application to allow for the subdivision of Block 4401, Lot 9.01 located at 119 Federal City Road in the R-1 zone into three conforming residential lots. No variances or design waivers are requested as part of the application, however a checklist waiver from the requirement to provide architectural plans at this stage is requested (item 57). Applicant also seeks a waiver of the requirement to provide the location and dimensions of any existing or proposed right-of-ways (item 23) and a list of any variances required (item 29) because it is not applicable to this application. It is not contemplated that any outside agency approvals are required for the subdivision (item 28), and because individual home designs are not currently being proposed, deferral of any required drainage calculations (Item 41), storm water management plans, soil tests or utility infrastructure plans is requested until such time that individual homes are proposed (items 41 through 44). Lastly, applicant seeks a waiver of the meets and bounds description of the new lots (item 18), of the metes and bounds description for any proposed easement or land for or dedicated to public use (item 26), and confirming the new block and lot numbers with the local assessor (item 49) at this time. Applicant proposes that it will comply with these as a condition of approval.



STATE OF NEW JERSEY
AFFIDAVIT OF CONSIDERATION FOR USE BY SELLER
(Chapter 49, P.L.1968, as amended through Chapter 33, P.L. 2006) (N.J.S.A. 46:15-5 et seq.)
BEFORE COMPLETING THIS AFFIDAVIT, PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

STATE OF NEW JERSEY

COUNTY } SS. County Municipal Code
 } 1813

FOR RECORDER'S USE ONLY
Consideration \$ _____
RTF paid by seller \$ _____
Date _____ By _____

MUNICIPALITY OF PROPERTY LOCATION Montgomery Township

*Use symbol "C" to indicate that fee is exclusively for county use

(1) PARTY OR LEGAL REPRESENTATIVE (See Instructions #3 and #4 on reverse side)

Deponent, Elizabeth H. Schulman n/k/a Elizabeth H. Kim being duly sworn according to law upon his/her oath, (Name)
deposes and says that he/she is the Grantor in a deed dated August, 2023, transferring
(Grantor, Legal Representative, Corporate Officer, Officer of Title Company, Lending Institution, etc.)
real property identified as Block number 30003 Lot number 30 located at
1608 Great Road, Skillman and annexed thereto.
(Street Address, Town)

(2) CONSIDERATION \$ 750,000.00 (Instructions #1 and #5 on reverse side) no prior mortgage to which property is subject.

(3) Property transferred is Class 4A 4B 4C (circle one). If property transferred is Class 4A, calculation in Section 3A below is required.

(3A) REQUIRED CALCULATION OF EQUALIZED VALUATION FOR ALL CLASS 4A (COMMERCIAL) PROPERTY TRANSACTIONS:
(See Instructions #5A and #7 on reverse side)
Total Assessed Valuation + Director's Ratio = Equalized Assessed Valuation

\$ _____ + _____ % = \$ _____

If Director's Ratio is less than 100%, the equalized valuation will be an amount greater than the assessed value. If Director's Ratio is equal to or in excess of 100%, the assessed value will be equal to the equalized valuation.

(4) FULL EXEMPTION FROM FEE (See Instruction #8 on reverse side)

Deponent states that this deed transaction is fully exempt from the Realty Transfer Fee imposed by C. 49, P.L. 1968, as amended through C. 66, P.L. 2004, for the following reason(s). Mere reference to exemption symbol is insufficient. Explain in detail.
Transfer between parent and child

(5) PARTIAL EXEMPTION FROM FEE (Instruction #9 on reverse side)

NOTE: All boxes below apply to grantor(s) only. ALL BOXES IN APPROPRIATE CATEGORY MUST BE CHECKED. Failure to do so will void claim for partial exemption. Deponent claims that this deed transaction is exempt from State portions of the Basic, Supplemental, and General Purpose Fees, as applicable, imposed by C. 176, P.L. 1975, C. 113, P.L. 2004, and C. 66, P.L. 2004 for the following reason(s):

- A. SENIOR CITIZEN Grantor(s) 62 years of age or over. * (Instruction #9 on reverse side for A or B)
- B. { BLIND PERSON Grantor(s) legally blind or; *
DISABLED PERSON Grantor(s) permanently and totally disabled receiving disability payments not gainfully employed*

Senior citizens, blind persons, or disabled persons must also meet all of the following criteria:
 Owned and occupied by grantor(s) at time of sale. Resident of State of New Jersey.
 One or two-family residential premises. Owners as joint tenants must all qualify.

*IN CASE OF HUSBAND AND WIFE, PARTNERS IN A CIVIL UNION COUPLE, ONLY ONE GRANTOR NEED QUALIFY IF TENANTS BY THE ENTIRETY

C. LOW AND MODERATE INCOME HOUSING (Instruction #9 on reverse side) IF APPLIES ALL BOXES MUST BE CHECKED.

- Affordable according to H.U.D. standards. Reserved for occupancy.
- Meets income requirements of region. Subject to resale controls.

(6) NEW CONSTRUCTION (Instructions #2, #10 and #12 on reverse side) IF APPLIES ALL BOXES MUST BE CHECKED.

- Entirely new improvement Not previously occupied.
- Not previously used for any purpose. "NEW CONSTRUCTION" printed clearly at top of first page of the deed.

(7) RELATED LEGAL ENTITIES TO LEGAL ENTITIES (Instructions #5, #12, #14 on reverse side) IF APPLIES ALL BOXES MUST BE CHECKED.

- No prior mortgage assumed or to which property is subject at time of sale.
- No contributions to capital by either grantor or grantee legal entity.
- No stock or money exchanged by or between grantor or grantee legal entities.

(8) INTERCOMPANY TRANSFER IF APPLIES ALL BOXES MUST BE CHECKED. (Instruction #15 on reverse side)

- Intercompany transfer between combined group members as part of the unitary business
- Combined group NU ID number (Required) _____

(9) Deponent makes this Affidavit to induce county clerk or register of deeds to record the deed and accept the fee submitted herewith in accordance with the provisions of Chapter 49, P.L. 1968, as amended through Chapter 33, P.L. 2006.

Subscribed and sworn to before me
this _____ day of _____, 20_____

Signature of Deponent
1608 Great Road
Skillman, NJ 08558
Deponent Address

Elizabeth H. Schulman
n/k/a Elizabeth H. Kim
Grantor Name
1608 Great Road
Skillman, NJ 08558
Grantor Address at Time of Sale

Notary Public _____

XXX-XX-X
Last three digits in Grantor's Social Security Number Name/Company of Settlement Officer

FOR OFFICIAL USE ONLY
Instrument Number _____ County _____
Deed Number _____ Book _____ Page _____
Deed Dated _____ Date Recorded _____

County recording officers shall forward one copy of each RTF-1 form when Section 3A is completed to: STATE OF NEW JERSEY

PO BOX 251
TRENTON, NJ 08695-0251
ATTENTION: REALTY TRANSFER FEE UNIT

The Director of the Division of Taxation in the Department of the Treasury has prescribed this form as required by law, and may not be altered or amended without prior approval of the Director. For information on the Realty Transfer Fee or to print a copy of this Affidavit, visit the Division of Taxation website at: