FOR OFFICIA	AL USE ONLY					
-	Planning Board	☐ Zoning Board of Adjustment				
Name of Appli	cation:	Docket Number :				
	PART A					
APPLICAN	T REQUESTS THE FOLLOWING:					
proposed ap including th	Explain, in detail sufficient for the Board to understand the nature of the proposal, the exact nature of the proposed application and proposed physical modifications to be made to the site, building(s) and/or signage including the proposed use of the premises.					
Wew	ould like to have	a pool built.				
William Control of the Control of th		/				
WWW.						
Identify the	type of variance(s) requested. Check all	that apply.				
C" Vai	iance(s)					
, 0	**	of the Development Ordinance would result in peculiar or exceptional and undue hardship - N.J.S.A., 40:55D-				
		se Law would be advanced by a deviation from the zoning fits of the deviation would substantially outweigh any				
☐ "D" Vai	iance(s):					
	• •	ct restricted against such use or principal structure -				
	Expansion of a nonconforming use - N.					
L	Deviation from a specification or star 40:55D-70, D(3)	ndard pertaining solely to a conditional use - N.J.S.A				
	Increase in the permitted floor area rat					
	Increase in the permitted density - N.J.					
Ш	district for a principal structure exceeds	by 10 feet or 10% the maximum height permitted in the .A., 40:55D-70.D(6)				

| P a g c

Identify requested variances from the requirements of the Franklin Township Land Development Ordinance:

Ordinance Section	<u>Requirement</u>	,	Proposed Deviation	
§112-				
§112-	<u> </u>			
§112-				
<u>§112-</u>	<u> </u>			
<u>§112</u>			1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
<u>§112</u>	<u> </u>			
<u>§112-</u>				
		PART B		
APPLICANT:	🛈 Individual	☐ Partnership	☐ Corporation	
APPLICANT: Owne	er 🗌 Applica	nt		
Name Shannda	Copelan	d		
Street Address 14 L	arsen Ro	ad	Apt./Ste/Unit #	
City Somerse	ef	State	Zip Code <u>088</u>	?7 <u>3</u>
Phone 973-220	1-1039	Fax 97/	3-220-1039	
Email <u>emailcope</u>	eland og gm	ail.com		
OWNER (if different from	m Applicant):			
Name				
Street Address			Apt./Ste/Unit #	
City	11.000	State	Zip Code	
Phone		Fax		
Fmail				

PART C

Note: "*" indicates not required in association with signage variances

SUBJECT PROPERTY:			
Block/s 399	Lot/s	19	<u> Zone R2O</u>
Street Address 14 L905e	/		
City Somerset	State(J	Zip Code <u>08873</u>
Approximate Site Size * • 38	A	Acres/	Sq. ft.
Present use of the property, specify:	Reside	ntial/H	ome
Proposed use of the property, specify	: Reside	ntial/He	ome
Public water available:*	Yes	□ No	If not, proposed? Yes No
Public sanitary sewer available: *	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ No	If not, proposed? ☐ Yes ☐ No
Describe any off tract improvement r	required or prop	osed*	
Deed restrictions, covenants, easemen			
Yes (Provide a copy)	No	Proposed (Must	be submitted for review)
Does the applicant own any contiguous	us property?*		Yes No
If yes, state the address, block and lo	t of such propert	y: *	
Has there been any previous appeal, this property?	, request, or app	lication to this o	r any other Township Boards involving
If, yes, state type, docket number, the	e nature and date	e of such appeal:	
		10	
How long has the present owner had	title to this prop	erty? *()	yea(s ⊠no
Is the property under contract to be	sold?	☐ Yes	′ ⊠No
If yes, state the date of contract and	name of the cont	ract purchaser: _	

PART D

Identify if the application is proposed to be bifurcated (i.e., variances identified herein sought at this time					
with approval for other development approvals, such as subdivision and/or site plan approval, to be sought at					
a later date):					
If not bifurcated, identify the associated development approvals sought at this time (check all that apply):					
☐ Waiver of Site Plan ☐ Minor Site Plan ☐ Preliminary Site Plan ☐ Final Site Plan ☐ Minor					
Subdivision Preliminary Major Subdivision Final Major Subdivision Conditional Use					
Approval Other(s) (Specify:					
Note: Applicant must consult the respective Instruction Sheet(s) and Submission Checklist(s) for the associated development approvals being sought at this time. The submission will not be deemed an Application for Development unless all required submissions are provided for all requested development approvals.					
If bifurcated, identify the nature of subsequent development approvals to be sought:					
For signage variances indicate the following:					
☐ Single Tenant Building ☐ Multiple Tenant Building					
PART E					
C Variance(s):					
The strict application of the provisions of the Development Ordinance would result in peculiar and exceptional practical difficulties or exceptional and undue hardship under N.J.S.A 40:55D-70.C(1)					
List in detail wherein this case conforms to this requirement, including, if applicable, reference to exceptional narrowness, shallowness or shape of the property, or exceptional topographic conditions or physical features uniquely affecting the property, or extraordinary and exceptional situation uniquely affecting the property or the structures lawfully existing thereon.					
There is no other location on the property to place the pool. The house and sheds located on the property prevent any other placement of the pool.					
and/or					

☐ The purposes of the Municipal Land Use Law would be advanced by a deviation from the zoning ordinance requirements and the benefits of the deviation would substantially outweigh any detriment under N.J.S.A 40:55D-70.C(2).
List in detail wherein this case conforms to this requirement:
D Variance(s):
State why the property is particularly suitable for the proposed use, including any inherently beneficial conditions and/or any undue hardship, if any, showing that the property cannot reasonably be adapted to a conforming use:
C and D Variance(s):
Supply a statement of facts why relief can be granted without substantial detriment to the public good.
Supply a statement of facts why relief can be granted without substantial detriment to the intent and purpose of the zone plan and zoning ordinance.

PART F

LIST OF PLANS, REPORTS AND OTHER MATERIALS SUBMITTED:

Quantity:	<u>Description</u>	of Item: . Chec	cklist		
					
,		Manusco Control of Con			
And the second s					
			PART G		
CONTACT P	ERSON INFORM	IATION/ CERT	TIFICATION		
and Zoning a form, in Part	nd shall be the so H below, the App	ole recipient of of oblicant and Own	official correspond	ence from the Do at the party listed	p Department of Plannin epartment. By signing the below is authorized to ac
Owner 🗸	Applicant	Attorney	Engineer	Architect	☐ Other
Name_Sh	amada	Copela	and		
Street Addres	s 14 Lac	<u>sen Ro</u>	pad	Apt./Ste	
City Sor	nerset		State \		Zip Code <u>08873</u>
Phone 97	3-220	<u>-1039</u>	Fax	973-2;	20-1039
Email CMC	rilcopela	od Cama	ilicom		