

FOR OFFICIAL USE ONLY

Planning Board

Zoning Board of Adjustment

Name of Application: _____ Docket Number : _____

PART A

APPLICANT REQUESTS THE FOLLOWING:

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.

The Applicant seeks a use variance to construct and operate a pharmacy within Suite 106 of 49 Veronica Avenue which is a total of 1,067 s/f, including common areas. The 49 Veronica Avenue is in the B-1 Zone and is currently utilized for medical office space and laboratory space, which are permitted uses. The proposed pharmacy would fill prescriptions and sell over the counter medications and surgical supplies to patients within the building, as well as to members of the public, thus requiring a use variance for the zone.

Identify the type of variance(s) requested. Check all that apply.

"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 - N.J.S.A.. 40:55D-70.C(1)

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 - N.J.S.A.. 40:55D-70.C(2)

"D" Variance(s):

Use or principal structure in a district restricted against such use or principal structure – N.J.S.A.. 40:55D-70.D(1)

Expansion of a nonconforming use - N.J.S.A.. 40:55D-70D(2)

Deviation from a specification or standard pertaining solely to a conditional use - N.J.S.A.. 40:55D-70. D(3)

Increase in the permitted floor area ratio - N.J.S.A.. 40:55D-70.D(4)

Increase in the permitted density - N.J.S.A.. 40:55D-70.D(5)

Height of a principal structure exceeds by 10 feet or 10% the maximum height permitted in the district for a principal structure - N.J.S.A.. 40:55D-70.D(6)

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

| <u>Ordinance Section</u> | <u>Requirement</u> | <u>Proposed Deviation</u> |
|------------------------------------|--|--|
| <u>§112- 8 – Purposes of Zones</u> | <u>Use B-1 Zone – No sales of products to general public</u> | <u>Allow sale of prescription, over the counter medication, and surgical supplies to members of the public</u> |
| <u>§112-</u> | <u>_____</u> | <u>_____</u> |
| <u>§112-</u> | <u>_____</u> | <u>_____</u> |
| <u>§112-</u> | <u>_____</u> | <u>_____</u> |
| <u>§112</u> | <u>_____</u> | <u>_____</u> |
| <u>§112</u> | <u>_____</u> | <u>_____</u> |
| <u>§112-</u> | <u>_____</u> | <u>_____</u> |

PART B

APPLICANT: Individual Partnership Corporation

APPLICANT: Owner Applicant Other _____

Name Allwell Pharmacy, LLC

Street Address 8 The Green Apt./Ste/Unit # A

City Dover State DE Zip Code 19901

Phone 305-989-2996 Fax _____

Email amarpatel123@gmail.com

OWNER (if different from Applicant):

Name Four Nine Veronica Realty, LLC

Street Address 10 Barrington Drive Apt./Ste/Unit # _____

City West Windsor State NJ Zip Code 08550

Phone 732-846-7000 x127 Fax _____

Email 49veronicarealty@gmail.com

PART C

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

SUBJECT PROPERTY:

Block/s 88.02 Lot/s 73 Zone B-1

Street Address 49 Veronica Avenue, Suite 106

City Somerset State NJ Zip Code 08873

Approximate Site Size * - Acres/ 1,067 Sq. ft.

Present use of the property, specify: Medical Office Building and Laboratory

Proposed use of the property, specify: Proposed use of Suite 106 as a Pharmacy

Public water available: * [X] Yes [] No If not, proposed? [] Yes [] No

Public sanitary sewer available: * [X] Yes [] No If not, proposed? [] Yes [] No

Describe any off tract improvement required or proposed* N/A

Deed restrictions, covenants, easements, association by-laws:

[] Yes (Provide a copy) [X] No [] Proposed (Must be submitted for review)

Does the applicant own any contiguous property?* [] Yes [X] No

If yes, state the address, block and lot of such property: * N/A

Has there been any previous appeal, request, or application to this or any other Township Boards involving this property? [] Yes [X] No

If, yes, state type, docket number, the nature and date of such appeal:

How long has the present owner had title to this property? * 1 1/2 years

Is the property under contract to be sold? [] Yes [X] No

If yes, state the date of contract and name of the contract 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): Yes No

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: Floor Plan Depicting location of Suite 106 within 49 Veronica Ave. .)

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.

N/A

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:

N/A

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:

The property is particularly suited for use as a pharmacy and is inherently beneficial to the community. The existing building has numerous medical offices and a laboratory which already serve members of the public. Other buildings in the surrounding area also see patients as part of their medical uses. The proposed pharmacy would be a benefit to patients already receiving services in the building at 49 Veronica Ave. as well as others in the area who need their prescriptions filled, over the counter medications, and surgical supplies. The proposed use would therefore be a complement to the current uses within the building and surrounding areas, making the use inherently beneficial to the community without any resulting hardship.

C and D Variance(s):

Supply a statement of facts why relief can be granted without substantial detriment to the public good.

The proposed pharmacy would not cause any detriment to the public good. It is proposed in relatively small existing suite in a medical office building and will only fill prescriptions and sell over the counter medication surgical supplies. The vast majority of customers will be patients who are already in the building, or in the immediate area. It will not result in significant new traffic to the area.

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.

The proposed pharmacy would not cause any detriment to the intent and purpose of the zone plan or planning ordinance. The B-1 Zone is contemplated to allow for patients to receive medical and laboratory services. The proposed pharmacy would enhance this purpose because filling prescriptions and providing medications and surgical supplies, like laboratory work, naturally supplements the medical care already being delivered. It also prevents elderly patients from needing to travel to another location to fill prescriptions or obtain medical supplies.

PART F

LIST OF PLANS, REPORTS AND OTHER MATERIALS SUBMITTED:

| <u>Quantity:</u> | <u>Description of Item:</u> |
|------------------|---|
| 25 | Diagram of Ground Floor of 49 Veronica Avenue with Suite 106 depicted |
| 15 | Traffic Impact and Parking Assessment dated April 15, 2021 from Dynamic Traffic |
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PART G

CONTACT PERSON INFORMATION/ CERTIFICATION

The person indicated below shall serve as the point-of-contact with the Township Department of Planning and Zoning and shall be the sole recipient of official correspondence from the Department. By signing this form, in Part H below, the Applicant and Owner certify that that the party listed below is authorized to act on their behalf as the designated contact person with the Department.

Owner Applicant Attorney Engineer Architect Other

Name Richard Lupo, LLC

Street Address 1254 State Route 27 Apt./Ste/Unit # 1

City North Brunswick State NJ Zip Code 08902

Phone 732-846-2200 Fax 732-937-6536

Email pwagner@lupo-law.com

PART H

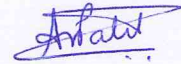
APPLICANT'S CERTIFICATION

I, Allwell Pharmacy, LLC, of full age, being duly sworn according to law and upon my oath, depose that: I reside at 8 The Green, Suite A, Dover, DE 19901 in the County of Kent and State of Delaware, and that the above statements contained in this application and in the papers appended thereto are true. I further certify that I am the individual applicant, or a general partner of the partnership applicant, or an officer of the corporate applicant and I am authorized to sign the application for the partnership or corporation.

Sworn to and subscribed before me this 16th day of April, 20 21



PETER G. WAGNER
NOTARY PUBLIC
ATTORNEY AT LAW OF NEW JERSEY



AMAR PATEL, APPLICANT
Allwell Pharmacy, LLC,
Managing Member

OWNER'S CERTIFICATION

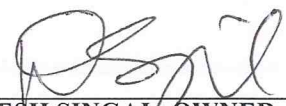
(If the owner is a corporation, this section must be signed by an authorized corporate officer. If the owner is a partnership, this section must be signed by a general partner.)

I, Dinesh Singal, of full age, being duly sworn according to law and upon my oath depose that: I reside at 10 Barrington Drive, West Windsor, NJ 08550 in the County of Mercer and State of New Jersey, and that the above statements contained in this application and in the papers appended thereto are true. I further certify that I am the owner of the property which is the subject of this application, and I am the applicant or I have authorized the applicant to make this application, and I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant.

Sworn to and subscribed before me this 19th day of April, 20 21



PETER G. WAGNER
NOTARY PUBLIC
ATTORNEY AT LAW OF NEW JERSEY



DINESH SINGAL, OWNER
Four Nine Veronica Realty, LLC,
Managing Member