

**BOROUGH OF SAYREVILLE  
STANDARD DEVELOPMENT APPLICATION**

(Page 1 of 3)

**GENERAL INSTRUCTIONS:** To the extent possible, Applicant shall complete every question. When completed, this application shall be submitted to the Planning Board Secretary (if and application to the Planning Board) or the Zoning Officer (if an application to the Board of Adjustment). The proper application and escrow fees must be accompany the application.  
**Do not advertise for a public hearing until you are advised to do so by the Board.**

**Indicate to which Board application is being made:**

*Planning Board*       *Board of Adjustment*

**Indicate all approvals and variances being sought:**

<input type="checkbox"/> <i>Informal Review</i>	<input type="checkbox"/> <i>Prelim. Major Site Plan</i>	<input type="checkbox"/> <i>Interpretation</i>
<input type="checkbox"/> <i>Bulk Variance(s)</i>	<input checked="" type="checkbox"/> <i>Final Major Site Plan</i>	<input type="checkbox"/> <i>Fill or Soil Removal Permit</i>
<input type="checkbox"/> <i>Use Variance</i>	<input type="checkbox"/> <i>Prelim. Major Subdivision</i>	<input type="checkbox"/> <i>Waiver of Site Plan Requirements</i>
<input type="checkbox"/> <i>Conditional Use Variance</i>	<input type="checkbox"/> <i>Final major Subdivision</i>	
<input type="checkbox"/> <i>Minor Site Plan</i>	<input type="checkbox"/> <i>Appeals from Decision of Admin. Officer (attach the denial/decision)</i>	
<input type="checkbox"/> <i>Minor Site Subdivision</i>		

**1. APPLICANT:**

Name South 9 Realty, LLC		Address 928 US Highway 9		
City Sayreville	State NJ	Zip 08879	Fax	Telephone 732-207-7152

**2. PROPERTY OWNER (If other than applicant)**

Name		Address		
City	State	Zip	Fax	Telephone

**3. APPLICANT'S ATTORNEY (If applicable)**

Name James Mackevich		Address 1435 Raritan Rd		
City Clark	State NJ	Zip 07066	Fax 732-388-0330	Telephone 732-388-2121

**TO BE COMPLETED BY BOROUGH STAFF ONLY**

Date Filed:	Application No.
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<b>BOROUGH OF SAYREVILLE</b>			
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<b>4. SUBJECT PROPERTY (attach additional sheets if necessary)</b>			
Street Address <b>926 &amp; 928 US Highway 9</b>		Block(s) and Lot(s) Numbers <b>Block 439 Lots 6,7,8</b>	
Site Acreage (and Square Footage) <b>.71 acres</b>	Zone District(s) <b>B3</b>	Tax Sheet Nos. <b>118</b>	
<b>Present Use:</b>			
Proposed Development Name and Nature of Use <b>Expansion of parking lot</b>			
Number of Buildings <b>1</b>	Sq. Ft. of New Bldg(s) <b>N/A</b>	Height <b>N/A</b>	% of Lot to be covered by Buildings <b>8.8%</b>
% of Lot to be Covered by Pavement <b>68%</b>	Number of Parking Spaces and Dimensions <b>30</b>	Dimensions of Loading Area(s) <b>9x18</b>	
Exterior Construction Material/Design			
Total Cost of Building and Site Improvements	Number of Lots Before Subdivision <b>3</b>	Number of Lots After Subdivision <b>1</b>	Are Any New Streets or Utility Extensions Proposed? <b>No</b>
Number of Existing Trees, Two Inch Caliper or Greater, to be Removed? <b>0</b>	Are Any Structures to be Removed? <b>1 building</b>		Number of Proposed Signs and Dimensions <b>N/A</b>
Is Soil Removal or Fill Proposed? Specify Total in Cubic Yards	Is the Property Within 200 ft. of an Adjacent Municipality? If so, Which? <b>No</b>		
5. Are there any existing or proposes deed restrictions or covenants? Please Detail.			
6. HISTORY OF PAST APPROVALS <input type="checkbox"/> Check here if none			
	APPROVED	DENIED	DATE
<i>Subdivision</i>			
<i>Site Plan</i>			
<i>Variance(s)</i>			
<i>Building Permit</i>			

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**7. NAMES OF PLAN PREPARERS**

Engineer's Name <b>Jason Regan</b>		Address <b>1707 Atlantic Ave. Suite B2</b>		
City <b>Manasquan</b>	State <b>NJ</b>	Zip <b>08736</b>	Telephone <b>732-899-0898</b>	License # <b>57412</b>
Surveyor's Name <b>DPK Consulting LLC</b>		Address <b>200 Metroplex Dr. Suite 285</b>		
City <b>Edison</b>	State <b>NJ</b>	Zip <b>08817</b>	Telephone <b>732-764-0100</b>	License # <b>24GA28042200</b>
Landscape Architect or Architect's Name <b>Jason Regan</b>		Address <b>1707 Atlantic Ave. Suite B2</b>		
City <b>Manasquan</b>	State <b>NJ</b>	Zip <b>08736</b>	Telephone <b>732-899-0898</b>	License # <b>57412</b>

**8. FEES SUBMITTED**

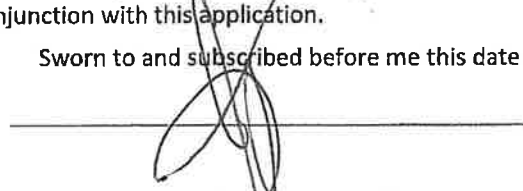
<i>Application Fees</i>	
<i>Variance Fees</i>	
<i>Escrow Fees</i>	
<i>Total Fees</i>	

**CERTIFICATION**

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I hereby permit authorized Borough officials to inspect my property in conjunction with this application.

  
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 Signature of Applicant

Sworn to and subscribed before me this date

  
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**JAMES E. MACKEVICH**  
 A Notary Public of New Jersey  
 My Commission Expires April 28, 2025

\_\_\_\_\_  
 Property Owner Authorizing Application if  
 Other Than Applicant

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 Notary Public