



Township of Old Bridge Land Development Application

| | | | |
|--------------------------------|--------------------|--|---------------|
| Office Use Only | | | |
| Application No. <u>6-2000Z</u> | { } Planning Board | { <input checked="" type="checkbox"/> } Zoning Board | |
| Date of Submission _____ | Received by: _____ | | |
| Application Fees _____ | Check # _____ | Escrow Fees _____ | Check # _____ |

A. Applicant NAME ON CHECK MUST MATCH NAME ON W-9 FORM

Name Fountains at Old Bridge, LLC
 Street Address 4400 Route 9 South, Suite 100
 City Freehold State NJ Zip Code 07728
 Tele. # 732-682-2075 Cell # 732-252-5975
 Email Address capitaldevelopment100@yahoo.com

B. Owner

Name See Addendum to Land Development Application
 Street Address See Addendum
 City See Addendum State See Addendum Zip Code See Addendum
 Tele. # See Addendum Cell # See Addendum
 Email Address See Addendum

C. Type of Application

| Residential <input checked="" type="checkbox"/> | Non-Residential | General Development |
|---|---|--|
| <input type="checkbox"/> minor subdivision | <input type="checkbox"/> minor subdivision | <input type="checkbox"/> phase 1 G.D.P. Plan |
| <input type="checkbox"/> major subdivision preliminary | <input type="checkbox"/> major subdivision preliminary | <input type="checkbox"/> phase 2 – preliminary |
| <input type="checkbox"/> major subdivision final | <input type="checkbox"/> major subdivision final | <input type="checkbox"/> amended G. D. P. |
| <input type="checkbox"/> amended prel/final subdivision | <input type="checkbox"/> amended prel/final subdivision | |
| <input type="checkbox"/> minor site plan | <input type="checkbox"/> minor site plan | <u>Variences</u> |
| <input checked="" type="checkbox"/> major site plan preliminary | <input type="checkbox"/> major site plan preliminary | <input type="checkbox"/> C:40:55D-70A |
| <input type="checkbox"/> major site plan final | <input type="checkbox"/> major site plan final | <input type="checkbox"/> C:40:55D-70B |
| <input type="checkbox"/> amended prel/final site plan | <input type="checkbox"/> amended prel/final site plan | <input type="checkbox"/> C:40:55D-70C |
| <input type="checkbox"/> waiver of site plan | <input type="checkbox"/> waiver of site plan | <input type="checkbox"/> C:40:55D-70D |

D. Tax Map Sheet No. 10.13

Block: 10253 Lot: 9.11

E. **Previous Appeals or Activity** No Yes (if yes, date) 2-21-19
 Please describe Application No. 12-182 Resolution adopted 2-21-19

Application No. 7-19 (withdrawn without prejudice 8-29-19)

F. **Location of Property (street address)**

3 Old Mill Road & 90 Spring Hill Road

Type of Road: Cul-de-sac (50') light arterial (66')
 minor (50') minor arterial (80')
 collector (60') major arterial (120')
 Other: Private Drive

G. **Description of proposed use:**

Present use: Undeveloped

Proposed use 58 residential units

No. of Lots/units/tract area/density: Two two-story townhouse buildings consisting of 29 units each

Brief description of application: The Applicant proposes 58 Units across 2 buildings, along with associated site improvements including a clubhouse, pool, gazebo, driveways, parking, landscaping and lighting.

H. **Zone Districts**

| Residential, Commercial, Industrial & Miscellaneous Classifications | | | |
|---|-----------|-----------|-----------|
| { } R5 | { } R80 | { } CN | { } SD-1 |
| { } R6 | { } R120 | { } ER | { } SD-2 |
| { } R7 | { } AF | { } OG-1 | { } SD-3 |
| { } R9 | { } AR | { } OG-2 | { } SD-5 |
| { } R12 | { } EDO-1 | { } OG-3 | { } TCD-A |
| { } R15 | { } EDO-3 | { } H | { } TCD-B |
| { <input checked="" type="checkbox"/> } R20 | { } CC | { } IH-1 | { } TCD-C |
| { } R30 | { } CM | { } IH-2 | { } TCD-D |
| { } R40 | { } CR | { } MU-IH | |

I. Bulk Requirements

| | Required | Existing | Proposed |
|---------------------------|----------------------|-----------------|------------------|
| Lot Area | 30,000 ft. | | 6,46 acres |
| Lot Width | 100 ft. | | 179 ft. |
| Front Yard | 50 ft. | | 199.6 ft. |
| Rear Yard | 50 ft. | | 50 ft. |
| Side Yard (one) | 20 ft. | | 58.1 ft. |
| Side Yard (both) | 40 ft. | | 147.8 ft. |
| Accessory Side yard | 20 ft. | | N/A |
| Accessory Rear yard | 25 ft. | | N/A |
| Non-critical area | 65% | | 93.7% |
| Principal building height | 2-1/2 stories/35 ft. | | 35 ft./2-stories |
| Accessory building height | 1-1/2 stories/15 ft. | | N/A |
| Gross floor area | N/A | | N/A |
| Landscape area ratio | 55% | | 58.3% |
| Number of parking spaces | 168 | | 114 |

J. Utilities

1. Water

- a. Will the applicant require new water supply in the street?
- b. Is Municipal water supply available?
- c. Is water to be supplied from a well?
- d. Has an application been made to the Water Authority?
- e. Has the application been approved?
- f. If yes, give status Approved { } Denied { }
 Pending { } Date: _____
 Comments: _____

| Yes | No |
|-----|----|
| | X |
| X | |
| | X |
| | X |
| | X |

2. Sewerage

- a. Will the applicant require new sewerage lines in the street?
- b. Will this application require expansion of existing lines?
- c. Will this application require a septic system?
- d. Has an application been made to the Sewerage Authority?
- e. Has the application been approved?
- f. If yes, give status Approved { } Denied { }
 Pending { } Date: _____
 Comments: _____

| Yes | No |
|-----|----|
| | X |
| X | |
| | X |
| | X |

| | | | | |
|------------------------------|-----------------|---|---------------------|---|
| 3. Gas & Electric | Existing | Proposed | Above Ground | Below Ground |
| Natural Gas | [] | [<input checked="" type="checkbox"/>] | [] | [<input checked="" type="checkbox"/>] |
| Propane | N/A [] | [] | [] | [] |
| Electric | [] | [<input checked="" type="checkbox"/>] | [] | [<input checked="" type="checkbox"/>] |

Comments: _____

K. Restrictions or Covenants

Are there any existing covenants or deed restrictions on the property?

No { } Yes { } **Attach copy if yes**

L. Arguments for Variance (to be completed by applicant)

D-1, D-4, and D-5 Variance Relief previously granted.

Negative Criteria (to be completed for "D" Variance)

M. List of Maps, reports, and other material accompanying this application:

| Description of Item Submitted | Latest revision date on Item |
|---|------------------------------|
| 1 Preliminary Plan | 1/28/2020 |
| 2 Stormwater Report; Operational Manual | 1/28/2020 |
| 3 Traffic Analysis | Previously submitted |
| 4 Environmental Impact Statement | Previously submitted |

N. Witnesses for Applicant

Identifying Letter to precede Name of Witness

{S} Self/Relative {N} Neighbor {O} Other {T} Twp. Employee {E} Expert

| Witness | | Witness | |
|---------|---|---------|--|
| 1 | Sean A. Delany, P.E. Bowman Consulting Group (E) | 4 | |
| 2 | Scott Kennel, McDonough & Rea Assoc (E) | 5 | |
| 3 | Nicholas A. Graviano, P.P., AICP, JD, Graviano & Gillis (E) | 6 | |

O. Reports received from Outside Agencies

| Agency | Date Received | Approved/Denied/Pending |
|-------------------------|---------------|-------------------------|
| 1. N.J.D.E.P.E | | P |
| 2. Health Department | | P |
| 3. Board of Education | | |
| 4. O.B.M.U.A | | P |
| 5. O.B. Sewer Authority | | P |
| 6. Traffic & Safety | | P |
| 7. Environmental Comm. | | P |
| 8. M.C. Planning Board | | P |
| 9. N.J.D.O.T. | | P |
| 10. Freehold Soil | | P |

P. Disclosure of 10% Ownership Interest of Corporation or Partnership (P.L. 1977, Chapter 336)

(Listed below are names and addresses of all owners of 10% or more of the stock/interest * in the undersigned applicant corporation/partnership:)

| | | |
|---|-----|---|
| Name/Address: Diana Bolton, 4400 Route 9 South, Suite 100, Freehold, NJ 07728 | 100 | % |
| Name/Address: | | % |
| Name/Address: | | % |

*Where corporations/partnerships own 10% or more of the stock/Interest in the undersigned or in another corporation/partnership so reported, this requirement shall be followed until the names and addresses of the non-corporate stockholders/individual partners exceeding 10% ownership criterion has been listed.

Diana Bolton

Fountains of Old Bridge, LLC

Signature of Officer/Partner Date

Name of Applicant Corporation/Partnership

Q. List of Individuals who Prepared Plans

ARCHITECT

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Tele. # _____ Fax _____ Cell # _____
E-Mail Address _____

ENGINEER

Name Sean A. Delany, P.E.
Street Address Bowman Consulting Group, 303 W. Main Street
City Freehold State NNJ Zip Code 07728
Tele. # 732-665-5500 Fax 732-665-5501 Cell # _____
E-Mail Address sdelany@bowmanconsulting.com

SITE PLANNER

Name Nicholas A. Graviano, P.P., AICP, JD, Graviano & Gillis
Street Address 721 W. Kennedy Blvd., Ste B5
City Lakewood State NJ Zip Code 08701
Tele. # 732-816-4151 Fax _____ Cell# _____
E-Mail Address ngraviano@gmail.com

ATTORNEY

Name Steven P. Gouin, Esq.
Street Address Giordano, Halleran & Ciesla, P.C., 125 Half Mile Road, Ste 300
City Red Bank State NJ Zip Code 07701
Tele. # 732-741-3900 Fax 732-224-6599 Cell # _____
E-Mail Address sgouin@ghclaw.com

R. ESCROW AGREEMENT

Agreement made the 4th day of February, 2020, between Fountains of Old Bridge, LLC, residing at _____ (hereinafter referred to as the "Applicant"), and the Township of Old Bridge, New Jersey 08857 (hereinafter referred to as the "Township").

WITNESSETH

WHEREAS, N.J.S.A. 40:55D-8(b) provides for the Township of Old Bridge to charge reasonable fees, established by ordinance for the review of applications for development; and

WHEREAS, the aforesaid Applicant has made application for Preliminary Site Plan Approval and has agreed to enter in to the following escrow agreement as a condition thereto;

NOW, THEREFORE, in consideration of the foregoing, the mutual covenants and promises herein below contain and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by each part to the other, the parties hereto, intending to legally bound hereby, agrees as follows:

1. The Applicant shall deposit the sum of \$8,200.00 with the Township (hereinafter referred to as the "Escrow Agent"), to be held in escrow in accordance with the provisions, terms and conditions hereof. Such monies shall be placed by the Escrow Agent in an interest bearing account at a depository institution insured by the Federal Government, pursuant to Section 2-8:7.7 of the aforesaid ordinance. The Applicant hereby appoints the Escrow Agent his attorney to arrange for the transfer of the monies deposited to the Township or its designee, pursuant to the terms and conditions hereof. The monies shall be held as security for the payment of all professional review fees pursuant to Section 2-8:7.7 et. Seq. of the Old Bridge Township Land Development Ordinance.
2. The Escrow Agent shall not assign the monies deposited under the Agreement for any purpose, except as otherwise herein below provided.
3. The incursion of any expenses by the Township Land Development Ordinance shall constitute an event authorizing release of monies deposited under this agreement by the Escrow Agent.
4. The Escrow Agent shall keep and preserve any monies deposited under this Agreement in his possession until such time as the aforesaid application has been completely processed and all such vouchers for professional review fees received and paid, at which time the Agreement shall terminate and all remaining monies, plus all interest accrued thereon, held by the Escrow Agent shall be returned to the Applicant.
5. In the event that any provision set forth herein is held to be invalid by a court of competent jurisdiction, or otherwise conflicts with the applicable law, such provisions shall be deemed to be deleted from this Agreement and this Agreement shall be construed to give affect to the remaining provisions hereof.

IN WITNESS WHEREOF, the parties hereto have executed this agreement, or caused the Agreement to be signed on their behalf by their duly authorized corporate officers and their proper corporate seal to be affixed here to, effective as of the date herein above written.


Applicant/Owner (or duly authorized representative)

Kyle J. Campanile
Attorney at Law

of the
State of New Jersey
Witnessed by

PLEASE SEE ADDENDUM

S. AFFIDAVIT OF APPLICANT

STATE OF NEW JERSEY :
: S.S.
COUNTY OF _____ :

_____ of full age, being duly sworn according to law, on oath deposes and says, that all of the above statements and the statements contained in the papers herewith are true.

Sworn and Subscribed to :
Before me on this _____ day :
Of _____, 20 _____ :

(Applicant's signature here)

T. AFFIDAVIT OF OWNERSHIP

STATE OF NEW JERSEY :
: S.S.
COUNTY OF _____ :

_____ of full age, being duly sworn according to law, on oath deposes and says, that the deponent resides at _____ in the _____ of _____ County of _____ State of _____

That _____

is the owner in fee of all that certain lot, piece of land situated, lying, and being in the municipality, aforesaid, and known and designated as Number _____.

Sworn and Subscribed to :
Before me on this _____ day :
Of _____, 20 _____ :

(Owner's signature here)

U. AUTHORIZATION BY OWNER

If anyone other than above owner is making this application, the following authorization must be execute to the Approving Board of the Township of Old Bridge.

_____ is hereby authorized to make the within application.

Signature

Date

February 2020

**Addendum to Land Development Application
Fountains at Old Bridge, LLC – Application for Preliminary Major Site Plan Approval**

Ownership Information

As to Lot 9.11, Block 10253

Kathryn M. Ziola
1 Circle Drive
Monmouth Beach, NJ 07750
Phone: 732-397-1716

Affidavit of Ownership

State of New Jersey :

: ss.

County of :

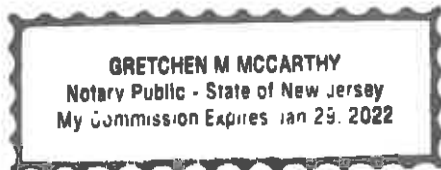
Kathryn M. Ziola, of full age, being duly sworn according to law, on oath deposes and says, that the deponent is the owner in fee of all that certain lot, piece of land situated, lying, and being in the municipality, aforesaid, and known and designated as 3 Old Mill Road, Old Bridge, NJ and does hereby authorize the within application.

Kathryn M. Ziola
Kathryn M. Ziola

Sworn and subscribed to me this *10* day of February, 2020

Notary Public

Gretchen M. McCarthy



Request for Taxpayer Identification Number and Certification

Give this form to
 the requester. Do
NOT send to IRS.

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See instructions on page 2 if your name has changed.)

Fountains At Old Bridge LLC

Business name (Sole proprietors see instructions on page 2.) (If you are exempt from backup withholding, complete this form and enter "EXEMPT" in Part II below.)

4400 Rte. 9 South Suite 1000

Address (number and street)

Freehold, NJ 07728

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Obtain a TIN below.

| | | | | | | | | |
|------------------------|--|---|--|--|---|--|--|--|
| Social security number | | | | | | | | |
| | | + | | | + | | | |

OR

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Employer identification number | | | | | | | | | |
| 8 | 2 | + | 5 | 2 | 9 | 4 | 9 | 6 | 5 |

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For Payees Exempt From Backup Withholding (See Exempt Payees and Payments on page 2)

Requester's name and address (optional)

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 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.

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 of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, 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. (Also see Signing the Certification on page 2.)

Sign Here

Signature Doug Bolton

Date 2/14/20

Section references are to the Internal Revenue Code.

Purpose of Form.—A person who is required to file an information return with the IRS must obtain your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. Use Form W-9 to furnish your correct TIN to the requester (the person asking you to furnish your TIN) and, when applicable, (1) to certify that the TIN you are furnishing is correct (or that you are waiting for a number to be issued), (2) to certify that you are not subject to backup withholding, and (3) to claim exemption from backup withholding if you are an exempt payee. Furnishing your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form.

How To Obtain a TIN.—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

To complete Form W-9 if you do not have a TIN, write "Applied for" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have

60 days to obtain a TIN and furnish it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester. For reportable interest or dividend payments, the payer must exercise one of the following options concerning backup withholding during this 60-day period. Under option (1), a payer must backup withhold on any withdrawals you make from your account after 7 business days after the requester receives this form back from you. Under option (2), the payer must backup withhold on any reportable interest or dividend payments made to your account, regardless of whether you make any withdrawals. The backup withholding under option (2) must begin no later than 7 business days after the requester receives this form back. Under option (2), the payer is required to refund the amounts withheld if your certified TIN is received within the 60-day period and you were not subject to backup withholding during that period.

Note: Writing "Applied for" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your TIN, sign and date the form, and give it to the requester.

What is Backup Withholding?—Persons making certain payments to you after 1992 are required to withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest,

dividends, broker and barter exchange transactions, rents, royalties, nonemployee compensation, and certain payments from fishing boat operators, but do not include real estate transactions.

If you give the requester your correct TIN, make the appropriate certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- The IRS notifies the requester that you furnished an incorrect TIN, or
- You are notified by the IRS that you are subject to backup withholding because you failed to report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only), or
- You do not certify your TIN. This applies only to reportable interest, dividend, broker, or barter exchange accounts opened after 1983, or broker accounts considered inactive in 1983.

Except as explained in 5 above, other reportable payments are subject to backup withholding only if 1 or 2 above applies. Certain payees and payments are exempt from backup withholding and information reporting. See Payees and Payments Exempt From



Department of Community Development
Planning Office

Waiver Request Form

It is hereby requested that Fountains at Old Bridge, LLC Application Number _____ be granted a waiver of the Planning/Engineering requirements pursuant to the Land Development Ordinance of the Township of Old Bridge by the Zoning Board.

Applicant respectfully submits that literal enforcement of the following provisions is impractical and will exact hardship because of particular conditions pertaining to the land in question.

Specify: Applicant requests relief from the submission of an Aquifer Recharge Assessment. Public Water service is available. No wells are proposed. Groundwater recharge will be provided in accordance with NJDEP Stormwater requirements as applicable.


Duly Authorized representative of the Applicant

DO NOT WRITE BELOW THIS LINE

Approved: _____ Date: _____

Denied: _____ Date: _____

Certain Items Approved (item numbers) _____

Date: _____

