

**WAYNE TOWNSHIP DEPARTMENT OF PLANNING AND ZONING
LAND DEVELOPMENT APPLICATION**

**BIFURCATED
USE VARIANCE**

The undersigned, as Applicant/Owner of the subject property identified herein, hereby makes application to the Township of Wayne for [check all that apply]:

- Use Variance (N.J.S.A. 40:55D-70d) Bifurcated Application
 Bulk Variance (N.J.S.A. 40:55D-70c)
 Environmental Protection Waiver (LDO § 134-90 et seq.)

1. APPLICANT INFORMATION

Name: 1777 Wayne Medical, LLC
Mailing Address: 364 Roseland Avenue
Essex Fells, NJ
Telephone: 201-424-4477 E-mail: mebhatti@gmail.com

Applicant is a: (check applicable status)

Corporation Partnership Individual (s) Other Limited Liability
(please specify) Company

Corporate/LLC/Partnership, etc.: List all persons owning 10% or more of the stock in the corporation in compliance with N.J.S.A. 40:55D-48.2

Name	Address	% Interest
1. <u>Mahboob Bhatti</u>	<u>364 Roseland Avenue, Essex Fells, NJ</u>	<u>50</u>
2. <u>Sauqib Toor</u>	<u>364 Roseland Avenue, Essex Fells, NJ</u>	<u>50</u>
3. _____	_____	_____
4. _____	_____	_____

Relationship of applicant to property (check applicable status):

Owner Contract Purchaser Lessee Other _____
(please specify)

Attorney's Name: A. Michael Rubin, Esq.

Law Offices of A. Michael Rubin

Mailing Address: 1330 Hamburg Turnpike, Wayne, NJ 07470

Telephone: 973-694-4222 E-mail: amrubinlaw@verizon.net

Preparation of variance plans by:

Name: ICON Architects Design Company, LLC

Address: 258 Newark Street, Hoboken, NJ 07030

Telephone: 201-659-7980 E-mail: ic@iconadc.com

Preparation of architectural plans by:

Name: ICON Architect Design Company, LLC

Address: 258 Newark Street, Hoboken, NJ 07030

Telephone: 201-659-7980 E-mail: ic@iconadc.com

2. SUBJECT PROPERTY INFORMATION

Subject Property Owner's name: 1777 Wayne Medical, LLC

Wayne street address of the Subject Property: 1777 Hamburg Turnpike

Tax Map Block(s): 3305 Lot(s): 3 Zone District(s): R-30

Existing Use of Property: Medical Office

3. NATURE OF USE VARIANCE APPLICATION

Indicate the subsection of N.J.S.A. 40:55D-70d from which relief is requested: [check all that apply]

(1) use or principal structure is prohibited

(4) increase in permitted FAR

(2) expansion of nonconforming use allowed by Use Variance

(5) increase in permitted density

(3) deviation from specifications of conditional use provisions

(6) height of principal structure exceeds 10' or 10% the maximum permitted height

Clearly detail your proposal (attach additional sheets if necessary)

Renovation of existing office building - construction of urgent care center -
construction of assisted living facility.

For commercial buildings: *Clearly detail building square footage:*
Existing building square footage: 30,476.64 sf
Building square footage to be demolished: _____
Proposed building square footage: 4,102 sf + 57,368 sf
Total post construction square footage: 91,946.64 sf

For other uses: # Residential living units: 80
beds for a nursing home, assisted living,
acute care facility, or like uses: _____

For Subdivisions: Indicate total tract size: _____ acres (_____ sf)
Existing # of lots: _____
Proposed # of lots: _____

4. OTHER DOCUMENTATION

Contemplated form of ownership (check all that apply):
 Fee simple Condominium Cooperative Rental
Are there any existing Deed Restrictions? No Yes (attach copy of restrictions)
Are there any proposed Deed Restrictions? No Yes (attach copy of proposed restrictions)

5. OTHER RELIEF

Complete this section if this application requires variance(s) and/or EP waiver (if known at this time).

Bulk Relief Requested (use separate sheet if necessary)

<u>Ord Section</u>	<u>Item</u>	<u>Required</u>	<u>Proposed</u>
	Bulk Relief to be reviewed at site plan application.	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

EP Relief Requested (§ 134-91)

Cite the section(s) of the Environmental Protection Ordinance from which a waiver is being sought:

Site Plan Review - bifurcated application

RSIS De Minimis Exceptions Requested (if known at this time) (attach additional sheet if necessary)

Site Plan Review - bifurcated application

6. VERIFICATION AND AUTHORIZATION

Owner's Statement: I, the undersigned, being the owner of the property described in this application, hereby consent to the making of this application and the approval of the plans submitted. I hereby authorize members of the Land Use Board and its staff to conduct a site visit of the premises that are the subject of this application.

1777 Wayne Medical, LLC
Property Owner's Name (PRINTED)

by: [Signature] 5/7/2019
Property Owner's Signature Date
MAHBOOB BHATTI

Applicant's Statement: I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are, to the best of my knowledge, true and accurate.

1777 Wayne Medical, LLC
Applicant's Name (PRINTED)

by: [Signature] 5/7/2019
Applicant's Signature Date
MAHBOOB BHATTI

Sworn and Subscribed before me

7th day of May 2019
Month Year

[Signature]
(Notary)

KATHY C. HECK
A NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 06/26/2023

