

CECININI LAW GROUP LLC

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A-10

May 17, 2024

PETER CECININI, ESQ.
LAUREN ROSS, ESQ.
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R. CONNOR SULLIVAN, ESQ.

VIA FedEx 776438163716

Alicia Losonczy
City of Bayonne Planning/Zoning Board of Adjustment Admin
630 Avenue C, Rm 13
Bayonne, NJ 07002

RE: Avigdor Klein
239 Avenue E, Bayonne (BL 212 / LOT 18)
P-24-007

MAY 21 2024 (M)

Dear Ms. Losonczy,

Pursuant to the Incompleteness Review dated April 15, 2024, please see below:

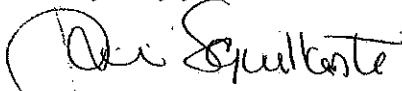
- I1. Revised page 4 of the Application, removed the use variance;
- I13. Name and address of applicant is listed on page 1, #2 on the application, there is no name of development as it is personally owned;
- * Escrow shortage of \$2,500 is attached hereto- check #3582;

Lastly, per your letter of April 22nd, the shortage of the application fee is herein attached, check #3581 in the amount of \$1,616.62.

Kindly confirm this application is now complete and could be scheduled.

Thank you.

Very truly yours,



Jamie Squillante
Legal Secretary

VARIANCE RELIEF

1. Application is hereby made for:

_____ Hardship or practical difficulties (See N.J.S.A. 40:55D-70c)

_____ Use and/or structure (See N.J.S.A. 40:55D-70d)

2. Property Description:

Lot size 2,526 Size of Building: _____ No. of stories: 2

3. This request for variance relief consists of *(list sections of the Ordinance from which variance is requested)*: existing lot area, existing lot frontage, existing front setback, parking

_____ for the purpose of legalizing existing 3-family use

4. If this application includes both a use variance and either a site plan, subdivision, flood plain permit or conditional use relief, then indicate which of the following is presently being sought by the applicant:

_____ Applicant is presently only seeking the use variance with the subsequent relief to be considered following the granting of the use variance (bifurcate the application).

_____ Applicant is presently seeking all of the necessary relief.

5. Has there been a previous variance appeal or approval of any development application, i.e., site plan, subdivision or conditional use involving the premises? _____ Yes ___ No

If so, attach copies of previous approvals and/or state the date, application number, character of appeal and disposition:

6. If the application is made for a bulk variance, explain the following:

How will the strict application of the provisions of the ordinance result impractical difficulties or hardship inconsistent with the general purpose or intent of the ordinance?

What are the exceptional circumstances or conditions applicable to the property involved or to the intended use or development of the property which do not apply generally to other properties in the same zone or neighborhood?

NOTICE: WAIVER REQUESTS MADE IN CONNECTION WITH THIS APPLICATION FOR DEVELOPMENT MUST BE SO INDICATED AND WRITTEN JUSTIFICATION OF THE REQUEST MUST BE PROVIDED.

APPLICATION FOR DEVELOPMENT FORM

TYPE OF APPROVAL REQUESTED:

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Development Permit
<input type="checkbox"/> Waiver	<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Development Permit Waiver
<input type="checkbox"/> Minor	<input type="checkbox"/> Sketch Plat	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Unimproved Road
<input type="checkbox"/> Final	<input type="checkbox"/> Final	<input type="checkbox"/> Major Site Plan
<input type="checkbox"/> Certificate of Nonconformity		

Variances: Use Bulk (c) (a) (b)

1. Location of proposed development 239 Avenue E
Block 212 Lot(s) 18 Zone District TDD
Proposed use 3 family home
Lot Area 2,526 Building area (sq. ft total) _____
Number of off-street parking spaces 0
Area (in feet) of any adjoining property controlled by owner N/A

2. Name of Applicant: Avigdor Klein Phone No. 718-598-2343
Address: 5308 13th Ave, #516, Brooklyn, NY 11219 E-mail: aviklein11218@gmail.com
Name of Owner: SAME AS APPLICANT Phone No. _____
Address: _____ E-mail: _____

3. APPLICANT'S ATTORNEY AND EXPECTED WITNESSES:

Applicant's Attorney Peter Cecinini, Esq.
Address 1081 Avenue C, Bayonne, NJ 07002
Telephone Number 201-354-9305 Fax Number 201-603-6615
E-mail Address peter@ceciniinlaw.com / jamie@ceciniinlaw.com

Applicant's Engineer _____
Address _____
Telephone Number _____ Fax Number _____
E-mail Address _____

Applicant's Planning Consultant _____
Address _____
Telephone Number _____ Fax Number _____
E-mail Address _____

Applicant's Traffic Engineer _____
Address _____
Telephone Number _____ Fax Number _____
E-mail Address _____