

PEQUANNOCK TOWNSHIP
APPLICATION FOR VARIANCE

Applicant's Name: Mark and Jaclyn Groninger

Fee Paid: _____ Date Received: _____

Escrow Paid: _____ Date Received: _____

DO NOT WRITE ABOVE THIS LINE

1. Applicant's Name, Address and Telephone Number: Mark & Jaclyn Groninger

34 Ackerson Avenue, Pequannock, NJ 07444 201-370-2629

2. Present Owner's Name, Address and Telephone Number: Mark & Jaclyn Groninger

34 Ackerson Avenue, Pequannock, NJ 07444 201-370-2629

3. Attorney's Name, Address and Telephone Number: Steven C. Schepis, Esq.

The Law Office of Steven C. Schepis, LLC

339 Changebridge Rd. #3, Pine Brook, NJ 07058 973-882-8400

4. N.J.S.A. 40:55D-70

_____ (a) Review of Order _____ (b) Interpretation

X (c) Hardship or C(2) Variance _____ (d) Use Variance

5. Permission to: X (a) Alter or add to an existing building
(Check applicable) _____ (b) Construct a new building on vacant land

_____ (c) Change from existing use

_____ (d) Subdivide land creating one or more nonconforming lots

_____ (e) Other

6. Proposed building or use is contrary to the following sections of the Zoning Ordinance:

Section Brief Description
360-12B.(4) Front Yard Setback: 50 feet required; 46.61 existing; 47.23 proposed. *(not required - less than existing setback)*

360-12B.(7) Maximum Building Coverage: 15% required; 10% existing; 16.7% proposed.

360-12B.(7) Maximum Impervious Coverage: 35% required; 30.3% existing; 36% proposed.

7. Location of Lot: Number and Street: 34 Ackerson Avenue, Pequannock, NJ 07444

Block 3901 Lot 24 Zoning R-15

8. Dimensions of Lot 0.4178 acres 18,199 square feet
 Front yard setback 46.61' Rear yard setback 70.34'
 Side yard setback 28.39' and 30.51'
 Lot depth 180.92' Lot width 100'
9. Do lots have frontage on a public street or ROW?
 Yes X No _____
 Property is located on a X Municipal, _____ County or
 _____ State Road. (Check all that apply)
10. Has tract been involved in a prior application before the Zoning Board of
 Adjustment or the Planning Board? Yes _____ No X
 If Yes, name of Board _____
 Type of Application _____
 Action Taken _____
11. Number of buildings or structures existing 2, proposed 2
 Ground floor area of all structures 1,698 s.f.
 Dimensions of proposed addition 1,337 square feet.
12. Have efforts been made to acquire additional land to be joined with the
 subject premises? Explain: NO

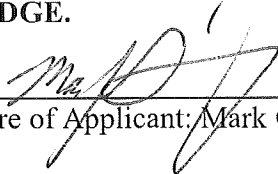
13. Are there any existing covenants or deed restrictions on the property?
 Yes _____ No X If Yes, Describe: _____

14. Is the property located in the 100-year Floodplain or Floodway as shown
 on the FEMA Maps dated July 3, 1986? Yes _____ No X
15. Name, Address and Title of person preparing the plats and exhibits
 presented: Babula Architecture, Jon Babula, 976 Tabor Road, 2nd Floor,
 Unit 5, Morris Plains, Nj 07950
16. List all the plans and other exhibits submitted with this application:
Architectural plans and rendering

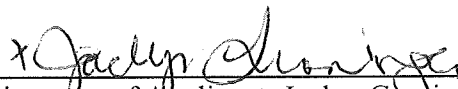
17. Explain reasons why relief should be granted (attach narrative giving complete factual and legal contentions)

See attached Schedule A for legal justification for the variances.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.



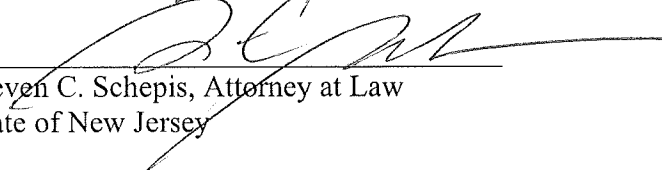
Signature of Applicant: Mark Groninger



Signature of Applicant: Jaclyn Groninger

Sworn as to both and Subscribed

Before me this 27 day of May, 2021



Steven C. Schepis, Attorney at Law
State of New Jersey

TOWNSHIP OF PEQUANNOCK

SUPPLEMENT TO VARIANCE APPLICATION

The following questions are necessary for the Health Department's review of your application. The completed form will also be made available to the Board of Adjustment prior to the hearing date. Filling out this form completely and accurately will facilitate the application process and is required for your application to be deemed complete.

Property Owner(s) Mark & Jaelyn Groninger

Address: 34 Ackerson Avenue, Pequannock, NJ 07444

Block 3901 Lot 24

Property to Sewered () Property is on Septic ()

Number of bedrooms presently in structure (3)

Number of bedrooms to be added (1)

Number of bedrooms to be deleted (0)

Total number of bedrooms when project is completed (4)

Size of Septic (if known) _____ gallon

Type and size of disposal field (if known) _____ Unknown

Please enclose an up-to-date plot plan or survey with this form. This survey should include all structures located on the property as well as any easements. The location of all septic system components must also be shown on the survey. The Health Department may have information that will assist you. Please contact them with your inquiries.