

AUG 13 2025



LAND DEVELOPMENT APPLICATION TOWNSHIP OF ELK
ELK TOWNSHIP, GLOUCESTER COUNTY, NEW JERSEY PLANNING BOARD

Please complete all sections of the application form and submit all items required by the Land Development Checklist for your application. If you are requesting a waiver for any item, the request must be in writing and include written documentation in support of your waiver request(s). Any application that does not have all items submitted, or a waiver requested, will be deemed incomplete.

DO NOT PUBLISH PUBLIC NOTICE OR MAIL NOTICE TO THE OWNERS OF PROPERTY WITHIN 200 FEET UNTIL YOU HAVE RECEIVED THE DATE ASSIGNED FOR THE PUBLIC HEARING FROM THE BOARD SECRETARY.

To be completed by Township staff:

Date Filed: _____

Application Number: SD-25-02
Application/Escrow Fees: paid (9)

Date Deemed Incomplete: _____

Date of Public Hearing: _____

Date Deemed Complete: _____

Resolution Number: _____

Check all applicable:

- New Re-submission Concept
- Minor Subdivision Major Subdivision Variance(s)
- Minor Site Plan Major Site Plan
- Preliminary Approval Final Approval Amended Other _____
- Residential Commercial Industrial

1. Subject Property

Block(s): 170 Lot(s): 10+11 Zone Designation: MD Tax Map page: 39

Property Location: Fairview Road

Dimensions: Frontage 503.28' Depth 907.33' Total Area 8.8 ac

2. Applicant's Name: Brian Brown

Company Name: N/A

Address: 530 Fairview Road
Glassboro, NJ 08028

Phone Number: _____ email: _____

Applicant is a: Corporation Partnership Individual

Nature of Applicant's equitable/possessory interest in the land: owner of lot 10

3. Property Owner's Name: Mariano Morse Flamma

Company Name: N/A

Address: 540 Fairview Road
Glassboro NJ 08028

Phone Number: _____ email: N/A

*All titled owners of the property must sign the application evidencing their consent to the application.
Attach a separate sheet for signatures, if necessary, and provide a copy of the current deed of ownership.

4. Attorney's Name: N/A

Firm: _____

Address: _____

Phone Number: _____ Fax #: _____ Email: _____

5. Engineer's Name: Erik Valentin P.L.S.

Firm: Ewing Associates

Address: 900 North Delsea Drive Clayton NJ 08312
P.O. Box 145 Clayton NJ 08312

Phone Number: 856-881-4931 Fax #: N/A Email: info@ewingassoc.com

For Site Plans:

Commercial Industrial Other _____

Land to be developed _____ acres

Building size: _____ # of parking spaces _____

Proposed use: _____

For Residential:

Area of entire tract 8.8 (both lots) acres

Portion to be subdivided 1.96 acres

of lots created 0 # of units planned N/A

Proposed use: Single Family Dwelling

Does the application require any variances? Yes No
Does the application require any conditional uses? Yes No

Please attach a separate sheet with a complete description of the variances requested and the reasons for relief. Please attach a statement as to the ways in which your project satisfies the requirements of the conditional uses. Your statements should cite the applicable Ordinance(s). Include the appropriate fees in your application and escrow fees.

Does the site front on a county road? Yes No Route # 637
Does the site front on a state road? Yes No Route # _____
Is the Site within 200 feet of another municipality? Yes No Name: _____

List all outside agencies to which application has been made regarding the proposed development:

Gloucester County office

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:
 Yes (attach copies) No Proposed _____

***Note: Copies of All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review.**

Present use of the premises: Single Family Dwelling

Proposed use: Single Family Dwelling

8. Applicant's Planning Consultant: N/A

Address: _____

Phone Number: _____ Fax #: _____ Email: _____

9. Applicant's Traffic Engineer: N/A

Address: _____

Phone Number: _____ Fax #: _____ Email: _____

10. List any other Expert who will submit a report or who will testify for the Applicant. (attach additional sheets if necessary)

Name: _____
Field of expertise: _____
Address: _____
Phone Number: _____ Fax Number: _____

11. List all other witnesses who will testify at the public hearing on behalf of the Applicant. (attach additional sheets if necessary)

Name: _____
Nature of testimony: _____

Name: _____
Nature of testimony: _____

12. **Subdivision:** Number of lots created (include remainder): 2 (both remainder)
Number of proposed dwellings: 0

Site Plan: Area to be disturbed (square feet) _____
Total number of proposed dwelling units: _____
Commercial square footage: _____

Site Plan Waiver: Reason for request: _____

Variance:

Request is hereby made for permission to erect, alter, convert, use, a parcel contrary to the requirements of the Township Ordinances or for other relief as follows:
(specify which ordinance sections are violated):

N/A

13. Said property has dimensions of _____ and area of _____ and is improved with the following structures: _____

(If known, so indicate; or indicate whether dwelling or building; stating use thereof)

14. If less than the entire lot is to be utilized for the purpose hereinafter set forth, the area and dimensions of the portion of the lot to be utilized are: _____

15. Size of proposed building:

Square footage of Building footprint: _____ Total Square footage: _____

Feet wide: _____ Height: _____

Stories: _____

16. Setbacks of building (corner properties have 2 fronts):

Front: _____ Rear: _____

Side: _____ Side: _____

% Building Coverage: _____

% Impervious Coverage: _____

17. Date property acquired: _____

Prevailing zoning at time of acquisition: _____

Current Zoning: _____

18. Has there been any previous appeal, request, or application to this or any other Township Boards or the Construction Official involving these premises? _____ Yes No

If YES, state the nature, date and the disposition of said matter and attach copies of all prior resolutions of this or any other Land Development Board.

19. For a variance - What are the EXCEPTIONAL conditions of property preventing the applicant from complying with the Zoning Ordinance(s) (i.e. the positive and negative criteria)?

N/A

20. For variances - Submit a statement of facts showing why relief can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the zone plan and zoning ordinance.

N/A

21. All applicants must submit a copy of the Land Development Checklist and provide all of the information required in accordance with checklist. If waivers are sought, the applicant should submit a list of requested waivers with an explanation of the request.

22. Waivers requested of Development Standards and/or Submission Requirements (attach additional pages as needed):

listed on plan

23. Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of premises (attach additional pages as needed):

Subdividing a portion of lot 11 to add onto lot 10.
No use change.

24. Is a public water line available? Y N

25. Is public sanitary sewer available? Y N

26. Does the application propose a well and septic system? Y N

27. Depict the location of the proposed well and septic on the plan submitted and the locations of any existing wells and septic systems on properties within 500 feet of the location of the proposed wells and septic systems.

28. Type of construction (frame, stone, brick, cement, etc.)

29. Present use of existing building(s) and premises: Single Family Dwelling

30. Total proposed dwelling units: 0

31. Total proposed professional offices: 0

32. Total proposed floor area: 0

33. Total proposed parking spaces: 0

34. Are there any off-tract improvements required or proposed? None

35. What form of security does the applicant propose to provide as performance and maintenance guarantees?
N/A

36. Other approvals which may be required and date plans submitted:

	Yes	No	Date Application Submitted
County Planning Board Approval	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	
County Soil Conservation District	<input type="checkbox"/>	<input type="checkbox"/>	
Elk Municipal Utilities Authority	<input type="checkbox"/>	<input type="checkbox"/>	
NJ Department of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
NJ Department of Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	
Stream Encroachment Permit	<input type="checkbox"/>	<input type="checkbox"/>	
Waterfront Development Permit	<input type="checkbox"/>	<input type="checkbox"/>	
Wetlands Permit	<input type="checkbox"/>	<input type="checkbox"/>	
LOI (letter of Interpretation)	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby consent to the filing of this application and consent to allowing Township representatives to perform on site visits. (Both signatures are required.)

Applicant's Signature: [Signature] Date: 2/25/25

Owner's Signature: [Signature] Date: Feb 21-25

Sworn to and Subscribed before me this 21st day of February 2025.

[Signature]
Notary Public

