

APPLICATION FOR VARIANCE

TO THE BOARD OF ADJUSTMENT:

An application is hereby made for a (hardship) (use) variance from the terms of Article(s) and Section(s) CONDITIONAL USE CANNABIS of the Zoning Ordinance so as to permit

PICK UP WINDOW WITH DRIVE UP LANE AND ADDITIONAL SITE IMPROVEMENTS

DESCRIPTION OF PROPOSED STRUCTURE OR USE

PREMISES AFFECTED known as Block 112 Lot 12, 12.01 & 12.04

Street address: DE CLEMENTS BRIDGE RD., Runnemede, New Jersey

Applicant: DE CLEMENTS BRIDGE ROAD LLC Address 1070 KINGS HIGHWAY BELMONT NJ 08031

Owner: SAME Address SAME

Lessee: N/A Address _____

Last previous occupancy STAHL & DELAVIGNTIS

Size of Lot _____ Size of Building(s) (Present and/or Proposed):

At street level _____ ft. Front _____ ft. Deep

Percentage of lot occupied by building(s) _____ % Height of Building(s) _____ stories _____ ft.

Set back: Front property line _____ feet. From side (if corner lot) _____ feet

Zoning requirements frontage _____, side yards _____, set-back _____, rear yard _____

"Prevailing set-back" of adjoining buildings within one block _____ feet

Has there been any previous appeal involving these premises? Yes _____ No _____

If yes, state character of appeal and date of disposition _____

Proposed Use:

PICK UP WINDOW FOR THE PURPOSE OF PICKING UP PRE-ORDERED ITEMS WITH AN ASSIGNED TIME PICK-UP.

*REPLACEMENT OF AN EXISTING WINDOW OPENING TO ACCOMMODATE WORKING WINDOW NO EXPANSION TO THE EXISTING BUILDING.

APPLICATION
SUBDIVISION, SITE PLAN, SITE PLAN WAIVER, CONCEPT DESIGN

LEASE FILE 15 COPIES OF THIS COMPLETED DOCUMENT 30 DAYS BEFORE THE REGULAR MEETING OF THE PLANNING BOARD.

Applicant's Name IOE CLEMENTS BRIDGE ROAD LLC
Address 1070 KING'S HIGHWAY BEUMANS NJ 08031 Phone # 609 230 1005

Applying For X SITE PLAN AMENDMENT
Subdivision Site Plan Site Plan Waiver Concept Design, located at IOE CLEMENTS BRIDGE RD
Runnemede, New Jersey Block 112 Lot 112/1201+12.01 Plate Location of Nearest Intersection

Does this constitute new application X revision or resubmission of a prior application?

ATTACH A COPY OF ANY DEED RESTRICTIONS, COVENANTS OR EASEMENTS EFFECTING THIS PROPERTY

Owner's Name (if different than applicant) SAME
Address Phone#

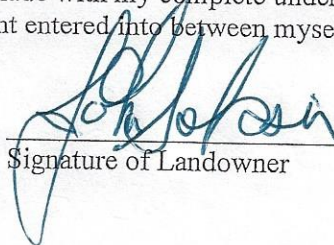
Are you being represented by an attorney, real estate broker, or a land use professional? If so, please state:

Name DAMIEN DELDUCCA
Address 21 E. EUCLID AVENUE HADDONFIELD NJ 08033 Phone# (856) 427-4200

Interest of Applicant if other than the Owner SAME

STATEMENT OF LANDOWNER WHERE APPLICANT IS NOT THE OWNER:

I, owner of Lot(s) in Block(s) in the Borough of Runnemede, Camden County, New Jersey, hereby acknowledge that the application of for a subdivision/ site plan approval/site plan wavier/concept design of said Lot(s) is made with my complete understanding and permission and in accordance with an agreement for purchase or option agreement entered into between myself and the applicant herein stated.


Signature of Landowner

BOROUGH OF RUNNEMEDE
PLANNING BOARD
24 N. BLACK HORSE PIKE
RUNNEMEDE, NJ 08078

TAX AND ASSESSMENT PAYMENT REPORT

Section I (to be completed by the applicant)

Name of Applicant COTTON MOUTH DISPENSARY

Address 10 E. CLEMENTS BRIDGE ROAD

has made application to the Planning Board for Block 112 Lot 5 ^{12, 12.01 Am 12.09} located at

10 E. CLEMENTS BRIDGE RD

Whose record owner is 10 E. CLEMENTS BRIDGE ROAD, LLC

Owner's address 1070 KINLIS HILL RD BELLEVILLE NJ 08031

I request the Tax Collector to determine whether there are any delinquent taxes and/ or assessments due.

Date 12/5/23 Applicant's Signature [Signature]

Section II (to be completed by the Tax Collector)

- I find that:
- All taxes due have been paid.
 - All assessments due have been paid.
 - The following are delinquent and past due.

Tax Collector



ESCROW APPLICATION

Date of Application: 12/4/23
Name of Project: COTTAMOUTH DISPENSARY
Address of Project: 10 E. CLEMENTS BRIDLE RD
City: RUNNEMEDE, State: N.J., Zip: 08073
Name of Applicant: 10 E. CLEMENTS BRIDE ROAD LLC
Address of Applicant: 1070 KINGS HIGHWAY
City: BELMARE, State: NJ, Zip: 08071
Telephone Number: 609 230 1005 Fax Number: 856 933 9335
Application Fee: \$ 250.00 Cash / Check / Money Order (Circle)
Initial Deposit: \$ 1000.00 Cash / Check / Money Order (Circle) ESCROW
Check# _____ Check Received By: _____ (Initial)
FAX ID # _____ W-9 Received By: _____ (Initial)

FOR OFFICE USE ONLY

Date Activated: _____ Developer Name: _____
Sub-Account Number: _____ BLOCK: _____ LOT: _____
Project Description: _____
Memo/Other Info: _____
Date Closed: _____ Date of Check: _____ Check Number: _____ (Attach Copy of Check)
Date Sent: _____ (Attach Copy of Resolution)

To Whom It May Concern:

Attached please find a copy of a W-9 Form. Any person or business making an application to the Planning/Zoning

FOR SUBDIVISION APPLICATIONS ONLY

Number of proposed lots _____ Proposed density per acre _____ Number of dwelling units per acre _____
Area of entire tract _____ Portion being subdivided _____
Lot Sizes _____ Building Area (ground floor) _____ Building Area (total sq. ft.) _____
Number of proposed parking spaces per lot _____ Area in acres of any additional adjoining lot(s) owned by Owner
Or applicant _____

Why is subdivision being requested? _____ to sell lots _____ construct houses for sale _____ other (please explain)

Name (of person preparing plan) _____
Address _____ Phone# _____

ALL OTHER APPLICATIONS
PROPOSED DEVELOPMENT

Title of Proposal PICK UP WINDOW DRIVE UP LANE
Site Plan Dated 10/2/23 Prepared by PETIT ASSOCIATES LLC
Present Use OFFICE Proposed Use RETAIL
Property part of subdivision approved on N/A
Board of Adjustment action required yes _____ no; variance(s) granted on OCTOBER 26th 2023
Total tract _____ (acres to nearest tenth)
Building Coverage _____ % of lot area
Paved Coverage _____ % of lot area
Maximum # of stories _____; and not more than feet
3 SEE EXISTING CONDITIONS PLAN.

FOR RESIDENTIAL PROPOSALS

Total # of dwelling units _____
of efficiency units _____ % of total
of 1 bedroom units _____ % of total
of 2 bedroom units _____ % of total
of 3 bedroom units _____ % of total

FOR NON RESIDENTIAL PROPOSALS

Total # of square feet in gross floor area. _____
Gross floor area in warehouse facilities _____
Gross floor area in other facilities _____
Gross floor area in mfr, research. _____

ACTUAL NUMBER OF OFF STREET PARKING SPACES PROPOSED _____

Parking space dimensions and access aisles conform to ordinance YES _____ NO
Now served by existing street improved to municipal specifications YES _____ NO
New street being constructed _____ YES NO
Existing street being widened _____ YES NO
Public water now available _____ YES _____ NO
Public water to be extended _____ YES NO
Sufficient capacity in public water system to serve the proposed use _____ YES _____ NO
Public sanitary sewage treatment available to proposed use YES _____ NO
Public sanitary sewage treatment to be extended to the proposed use _____ YES _____ NO

SIGNATURE* John Soban APPLICANT John Soban LANDOWNER _____ PLAN PREPARER

Name

JOHN SOUBASIS


Address

1070 KING'S HILLWAY BARNHURST NJ 08031

Phone #

609 230 1005

*NOTE The signature indicates an understanding of all the codes and regulations applicable to this application and of matters contained on this application


Signature of Applicant

12/5/23
Date