PLANNING BOARD, WOOD-RIDGE, NJ
NOTICE OF APPLICATION

2023-51A

Applicant(s): AYLIN MAHMUT

Trade Name: GET WELL PHYSICAL THERAPY

Residing at: 253 Valley Boulevard (Number & Street) Wood Ridge (Town) NJ (State) 07075 (Zip)

Telephone: (908) 764-1587

Hereby applies to the Planning Board per the following decision of the Zoning Official:

335-37 **Site Plan Approval or Waiver required from the Planning Board for any change of tenancy request. Applicant may submit Application for Development requesting waiver of site plan requirements and provide information regarding intended use: including hours of operation and number of employees. Notice and publication are NOT required for waiver hearing.**

For the following described property:

270 Valley Boulevard (Number & Street) — RB (Zoning District)

Borough Tax Map — 31 (Lot) — 313 (Block)

Zoning Official
Richard Pronti

Denied _X_ Date: 3-29-23

FEE	ESCROW
$500	$1,500

WOOD-RIDGE LAND USE BOARD
Municipal Building
85 Humboldt Street
Wood-Ridge, NJ 07075

APPLICATION FOR DEVELOPMENT

APPLICANT: Aylin Mahmut

Property/Street Address	Tax Map Block	Tax Map Lot	Zoning Classification
270 Boulevard Wood Ridge NJ 07075	313	31	RB

1. Application for:
(Check appropriate boxes) and attach appropriate detail page(s)

	Minor Subdivision Approval
	Preliminary Major Subdivision Approval
	Final Subdivision Approval
	Minor Site Plan Approval
	Preliminary Major Site Plan Approval
	Final Major Site Plan Approval
	Amendment or Revision to an Approved Site Plan
	Conditional Use Approval
	Issuance of a Permit for a structure in bed of a mapped street, public drainage or flood control basin or public area
	Issuance of a permit for a lot lacking street frontage
V	Design Waivers
	Variance
	Use Variance
	Other (specify)

To be completed by Borough Staff only

Date Filed:

No: _____ Application Fee: _____ Escrow Deposit: _____	Scheduled for: Hearing: _____

2. APPLICANT

NAME	Aylin Mahmut
ADDRESS	156 7th st Wood Ridge NJ 07075
TELEPHONE NUMBER	908 764 1587
FORM OF BUSINESS:	Physical Therapy Office
Individual	
Corporation	
Partnership	
Limited Liability Company	✓
Other (Specify)	

3. APPLICANT'S DISCLOSURE STATEMENT

Pursuant to N.J.S. 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S. 40-55D-48.2 that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed. (Attach pages as necessary to fully comply)

NAME	ADDRESS	INTEREST

4. APPLICANT'S STANDING Applicant has standing to make this application because:

Applicant has a contract or lease (attach copy)	✓
Applicant is the owner	
Other (specify)	

5. PROPERTY INFORMATION

Owner's Name: Paul Corino

Address: NAPA AUTO parts 274 Valley Blvd Wood Ridge NJ 07075

Telephone No.: 201 438 45 80

List all restrictions, covenants, easements, agreements or other items affecting the use of the property.
N/A

Describe the current use of the property.
Siegels hardware store

6. TAX COLLECTOR'S CERTIFICAITON

YES NO - Attached is a copy of a Certification from the Tax collector that all taxes due on the subject property have been paid.

7. SUPPORTING DOCUMENTS.

List all Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing). The documentation must be received by the Board at least ten (10) days prior to the meeting at which the application is to be considered.

Description of Item: site plan

WOOD-RIDGE LAND USE BOARD
BOROUGH OF WOOD-RIDGE
85 HUMBOLDT STREET
WOOD-RIDGE, NJ 07075

CERTIFICATION OF TAX PAYMENTS

Aylin Mahmut
Name of Applicant

270 Valley Blvd.
Street Address

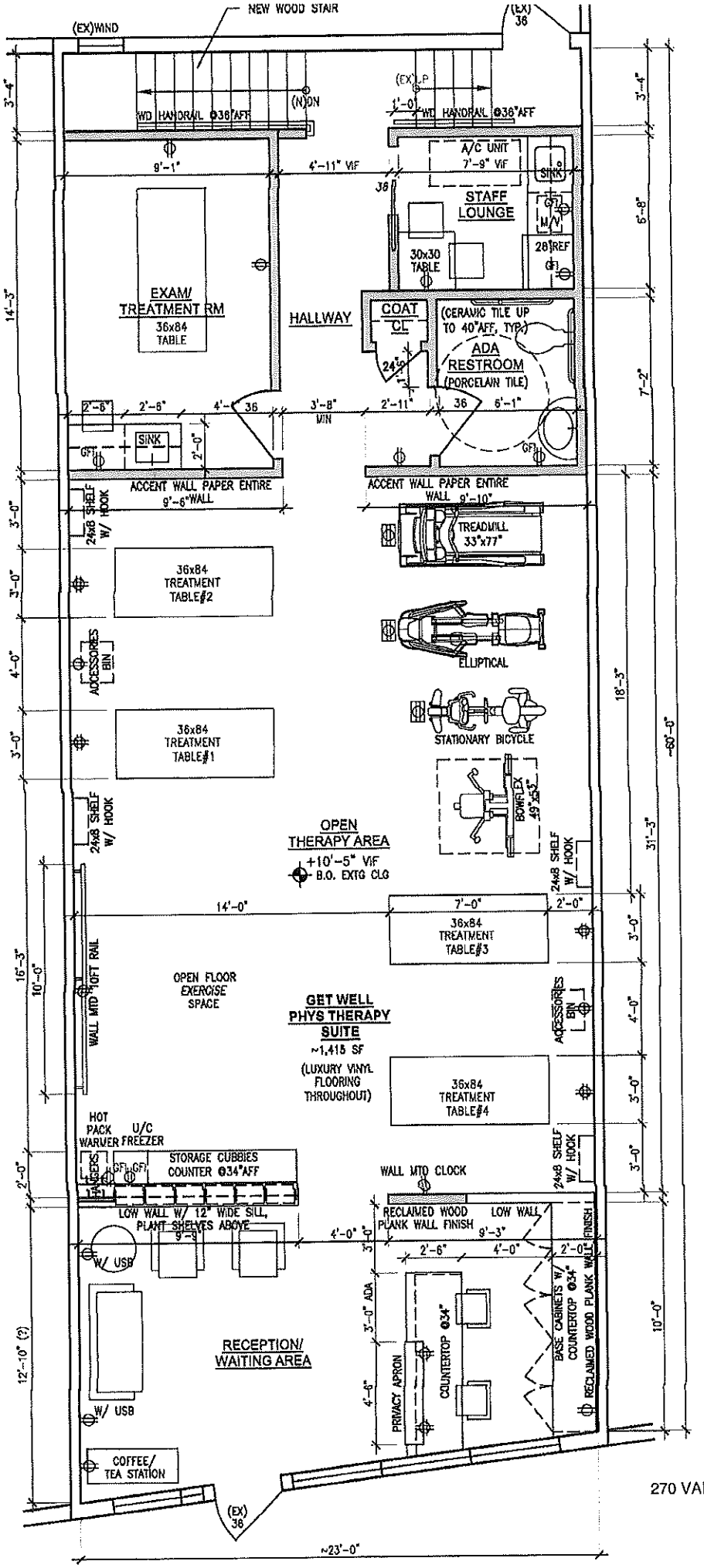
313
Block

31
Lot

I, Kellie Romero, Tax Collector of the Borough of Wood-Ridge, New Jersey, do hereby certify that tax charges on the captioned premise are paid through the current tax period and are not in arrears.

Date: 4/11/23

Kellie Romero
Tax Collector



SPACE ADAPTATION PRELIMINARY CONCEPT PLAN
MARCH 28, 2023

'GET WELL'
PHYSICAL THERAPY SUITE

270 VALLEY BLVD, WOOD RIDGE, NJ 07075
(201) 438-2024

BONARCH
ARCHITECTURE & DESIGN
(201) 575-9539

8. APPLICANT'S CONSULTANTS and REPRESENTATIVES

APPLICANT'S ATTORNEY N/A

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S ENGINEER N/A

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S TRAFFIC CONSULTANT N/A

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S PLANNING CONSULTANT N/A

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

9. INFORMATION REGARDNG OTHER APPROVALS

Other Agency	Jurisdiction Yes	Jurisdiction No	Date Application Submitted
Wood-Ridge Sewerage Authority			
Bergen County Planning Board			
Bergen County Health Dept.			
BC Soil Conservation District			
NJ Dept. of Environmental Protection ("NJDEP)			
NJDEP Sewer Extension Permit			
NJDEP Stream Encroachment Permit			
NJDEP Wetlands Permit			
NJ Dept. of Transportation			
Other:			

10. NOTICES TO THE PUBLIC Respond to each of the following and attach a copy of the required notice, proof of mailing or proof of publication:

Yes (No)	Are you required to serve notice of public hearing on owners w/in 200 feet of the subject property?
Yes (No)	Are you required to serve notice of public hearing on the Clerk of an adjoining municipality?
Yes (No)	Are you required to serve notice of public hearing on the BC Planning Board?
Yes (No)	Are you required to serve notice of public hearing on any other person entity or governmental agency? Specify:
Yes (No)	Are you required to publish a notice in Wood-Ridge's official newspaper?

11. CERTIFICATIONS

APPLICANT

I certify that the statements made and the materials submitted in support of this application for development are true, I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the Corporation or that I am a general partner of the partnership applicant.

I understand that an escrow deposit is required by the Borough of Wood-Ridge to cover the cost of professional services including engineering, planning, legal and other expenses associated with the review of submitted materials and the publication of the decision by the Land Use Board. Sums not utilized in the review process shall be returned. I will make the escrow deposit within 15 days of notification of the proper amount. If additional sums are deemed necessary, I understand that I will be notified of the required additional amount and shall add that sum to the escrow account within fifteen (15) days. I understand that this application will be deemed incomplete unless the initial escrow deposit is made.

Date: 4/11/23

Signature of Applicant

Sworn to and subscribed before me this

11 day of April, 23

Notary Public

VICTORIA ASSIA
Comm. Exp. January 11, 2024
NOTARY PUBLIC
Comm. #2458730
NEW JERSEY

OWNER

I certify that I am the Owner of the property which is the subject of this application, and that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant.

Signature of Owner

Sworn to and subscribed before me this

11 day of April, 2023

Notary Public

KENDAL E. GARVIN
Notary Public, State of New Jersey
My Commission Expires
November 20, 2023

SUBDIVISION APPLICATION DETAILS

Describe in detail the exact nature of the applications and the changes to be made at the premises, including the proposed use of the premises: (attached pages as needed)
See plans PT office scheduling 2 patients an hour. Mon/Wed/Fri 1 provider 7am-8pm +2 patients. 1 secretary part time hours Tue + Thu 8-4 pm. 2 providers + 3-4 patients an hour. Saturdays 1 provider + 2 patients 8-2 pm. Closed Sundays.

Number of lots to be created	N/A	
Number of proposed dwelling units, including remainder lot, if applicable		
Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers?	Yes	No
Are any off-tract improvements required or proposed?	Yes	No
Any Request for Waiver from subdivision Design standard(s)	Yes	No
Does the application require any variance?	Yes	No
Attached is the completed application checklist required by ordinance	Yes	No

For each design waiver required, state (attach additional sheets if needed): N/A

Nature of waiver requested	Code Section affected	Facts supporting grant of waiver

For each variance required, state (attach additional sheets if needed): N/A

Variance type (c1 or c2)	Nature of variance requested	Zoning Code Section affected	Facts supporting grant of variance

CONDITIONAL USE APPROVAL APPLCATION DETAILS N/A

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

List each condition affecting this application by section of Wood-Ridge Zoning Ordinance and describe how this application meets each condition. N/A

Section No.	Description	How application complies

N/A

Does the application comply with all conditions set forth in the Wood-Ridge ordinance?	Yes	No
Did the Applicant complete the Site Plan Application Detail Sheet	Yes	No

CHRISTOPHER D. GARVIN, ESQ., LLC

COUNSELLOR AT LAW

268 VALLEY BOULEVARD

WOOD-RIDGE, NEW JERSEY 07075

MEMBER OF
NEW JERSEY & NEW YORK BARS

TEL (201) 804-7681
FAX (201) 804-8442
cdgarvin@cdgarvinlaw.com

April 12, 2023

Dr. Aylin Mahmut, Managing Member
Get Well Physical Therapy
253 Valley Blvd.
Wood-Ridge, New Jersey 07075

RE: Commercial Lease
270 Valley Blvd.
Wood-Ridge, New Jersey 07075

Dear Dr. Mahmut:

Please be advised that I represent Paul Corino, Managing Partner of NAPA Valley Realty. My client has expressed an interest in leasing the above captioned property. In discussions, we wish to make the following non-binding offer. This non-binding offer may be cancelled for any reason prior to the parties entering into a Lease Agreement.

Terms of Offer:

1. Length of Lease – Five-year term with a Five-year option.

2. Monthly Lease Payment - $2.900.00 fixed, non-triple net.

3. Use – Physical Therapy practice and no other use.

4. Possession Date – On or before June 1, 2023.

5. Conditions:

i) Build Out – Tenant will be granted the right to begin alternations of the lease space. All alterations are subject to the approval of the Landlord.

ii) Tenant will be granted a two-month rent abatement to complete the alterations.

iii) Tenant will obtain adequate amount of property and liability insurance to be determined by the Landlord.

iv) Tenant will personally guarantee the terms of the Lease Agreement.

v) Landlord will deliver the lease space vacant.

6. Subject to the execution of a formal Lease Agreement.

7. Tenant shall obtain all required municipal approvals, including zoning, planning and a Certificate of Occupancy.

8. All terms are subject to review and approval of terms and content by Attorney for the Tenant

Please discuss this matter with your client. If acceptable, please execute and return to my attention.

Sincerely,

Christopher D. Garvin, Esq.

Terms accepted:

Paul Corino
Managing Partner
NAPA Valley Realty

Dr. Aylin Mahmut,
Managing Member
Get Well Physical Therapy