2023-57A

PLANNING BOARD, WOOD-RIDGE, NJ
NOTICE OF APPLICATION

Applicant(s): ADAM ESTRUCH

Trade Name: KING TECH REPAIR LLC

Residing at:	600 Meadowlands Pkwy	Secaucus	NJ	07072
	Number & Street	Town	State	Zip

Telephone: Adam Estruch (201) 355-8284

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, number of employees, and shall submit a parking plan including striping of parking spaces. Notice and publication are NOT required for waiver hearing.**

For the following described property:

304 Hackensack Street, Wood Ridge		~~R3 Multi-Family~~ RB retail Busi
Number & Street		Zoning District
	12	328
Borough Tax Map	Lot	Block

Zoning Official
Richard Pronti

Denied _x_ Date: 11-27-23
Rev/06/2016

FEE	**ESCROW**
$400	$1,250

Donna
201-785-4222

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

APPLICATION FOR DEVELOPMENT

APPLICANT: King Tech Repair LLC

Property/Street Address	Tax Map Block	Tax Map Lot	Zoning Classification
304 Hackensack St	328	12	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
	Design Waivers
	Variance
	Use Variance
X	Other (specify) Site plan waiver

To be completed by Borough Staff only

Date Filed:

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

2. APPLICANT

NAME	Adam Estruch
ADDRESS	600 Medowlands Pkwy Suite 136 Secaucus, NJ 07094
TELEPHONE NUMBER	(201) 355-8284
FORM OF BUSINESS:	
Individual	
Corporation	
Partnership	
Limited Liability Company	King Tech Repair LLC
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
Adam Estruch	600 Meadowlands Pkwy	100%
	Secaucus, NJ 07094	

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

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

5. PROPERTY INFORMATION

Owner's Name: 304 Hackensack LLC

Address: 304 Hackensack Street Woodridge, NJ

Telephone No.:

List all restrictions, covenants, easements, agreements or other items affecting the use of the property.
None

Describe the current use of the property.
Commercial Office Building

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. YES

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: N/A

8. APPLICANT'S CONSULTANTS and REPRESENTATIVES

APPLICANT'S ATTORNEY

NAME	Tejas S. Kapadia
ADDRESS	29 Walter Hammond Place
CITY, STATE ZIP	Waldwick, NJ 07463
PHONE	(201) 632-1529
FAX	(201) 447-2922

APPLICANT'S ENGINEER

NAME	N/A
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S TRAFFIC CONSULTANT

NAME	N/A
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S PLANNING CONSULTANT

NAME	N/A
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

9. INFORMATION REGARDNG OTHER APPROVALS

Other Agency	Jurisdiction Yes	Jurisdiction No	Date Application Submitted
Wood-Ridge Sewerage Authority		No	
Bergen County Planning Board		No	
Bergen County Health Dept.		No	
BC Soil Conservation District		No	
NJ Dept. of Environmental Protection ("NJDEP)		No	
NJDEP Sewer Extension Permit		No	
NJDEP Stream Encroachment Permit		No	
NJDEP Wetlands Permit		No	
NJ Dept. of Transportation		No	
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 No	Are you required to serve notice of public hearing on owners w/in 200 feet of the subject property?
Yes	No No	Are you required to serve notice of public hearing on the Clerk of an adjoining municipality?
Yes	No No	Are you required to serve notice of public hearing on the BC Planning Board?
Yes	No No	Are you required to serve notice of public hearing on any other person entity or governmental agency? Specify:
Yes	No 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 Planning 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: November 29, 2023

Signature of Applicant

Sworn to and subscribed before me this

29th day of November, 2023

Notary Public

KATHY GIARRUSSO
Notary Public, State of New Jersey
My Commission Expires Oct 2, 2028

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

29th day of November, 2023

Notary Public

KATHY GIARRUSSO
Notary Public, State of New Jersey
My Commission Expires Oct 2, 2028

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)

Number of lots to be created	None
Number of proposed dwelling units, including remainder lot, if applicable	N/A
Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers?	Yes No No
Are any off-tract improvements required or proposed?	Yes No No
Any Request for Waiver from subdivision Design standard(s)	Yes No No
Does the application require any variance?	Yes No No
Attached is the completed application checklist required by ordinance	Yes No No

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

Nature of waiver requested	Code Section affected	Facts supporting grant of waiver
N/A		

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

Variance type (cl or c2)	Nature of variance requested	Zoning Code Section affected	Facts supporting grant of variance
N/A			

CONDITIONAL USE APPROVAL APPLCATION DETAILS

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.

Section No.	Description	How application complies
N/A		

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

SITE PLAN APPLICATION DETAILS

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)
Professional office. We provide remote IT support & cloud solutions

Area to be disturbed (square feet)	
Total number of proposed dwelling units	0
Are there any off-tract improvements required or proposed	Yes No
Any Request for Waiver from Site Plan Design Standard(s)	Yes No
Does the application require any variances:	Yes No
Attached is the completed application checklist required by ordinance	Yes No

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

Nature of waiver requested	Code Section affected	Facts supporting grant of waiver.
N/A		

For each variance required, state (attach additional sheets if needed): if this is a use variance, state the proposed use and the reasons supporting grant of the requested use variance including ay special reasons.

Variance type (cl or c2)	Nature of variance requested	Zoning code section affected	Facts supporting grant of variance.
N/A			

APPLICATION WHICH CONTEMPLATES BUILDING OR STRUCTURE NOT ABUTTING A STREET – DETAILS

Does the application contemplate erection of a building or structure on a lot which does not abut a street giving access to the proposed building or structure? Yes (No) No

If the answer to the foregoing is in the Affirmative:

Set forth the nature of the building or structure to be erected.
N/A

State the practical difficulty, unnecessary hardship or other circumstances which impede the placement of the proposed building or structure or a lot which abuts a street.
N/A

State all provisions proposed by the Applicant that will result in adequate access to the property for anticipated uses for firefighting equipment, ambulances and other emergency vehicles.
N/A

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

CERTIFICATION OF TAX PAYMENTS

Adam Estruch
Name of Applicant

304 Hackensack Street Woodridge, NJ
Street Address

328
Block

12
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: 11/30/23

Tax Collector

I verify that this information accurately reflects municipal tax records.

Tax Collector
Wood-Ridge Borough
Bergen County

BOROUGH OF WOOD RIDGE
CERTIFICATE OF CONTINUED OCCUPANCY AND
SITE PLAN COMPLETION REVIEW
COMMERICAL PROPERTY

TENANT / BUSINESS NAME: King Tech Repair LLC

BUSINESS ADDRESS: 600 Meadowlands Pkwy Suite 136 Secaucus, NJ 07094

APPLICANT NAME: Adam Estruch

APPLICANT PHONE: (201) 355-8284

PROPERTY OWNER NAME: Adam Estruch

PROPERTY OWNER ADDRESS/PHONE: (201) 355-8284

SITE ADDRESS: 304 Hackensack Street Woodridge, NJ

SITE INFO: BLOCK 328 LOT 12 ZONE _____

PRESENT USE: Office Building

PROPOSED USE: Office Building- We provide remote IT support & cloud solutions

BUSINESS NAME: King Tech Repair LLC

DAYS/HOURS OF OPERATION: 8AM - 6PM

NUMBER OF EMPLOYEES: 6

NUMBER OF DELIVERIES (WEEKLY): 2 or 4

NUMBER OF PARKING SPACES: 6

HAZARDS/FLAMABLE MATERIALS: None

SIGNATURE OF APPLICANT: Adam Estruch

SITE PLAN APPLICATION FEE: $500.00*

APPLICATION MUST INCLUDE:
-Copy of the Lease Agreement
-Site Plan: Indicate any changes to the business, including seating, electric, plumbing, fire, etc.
-Fire Safety Registration Form (attached)

C/O APPLICATION FEE:

LESS THAN:	2500 Sq Ft	$100.00
	2501-5000 Sq Ft	$300.00
	Greater than 5000 SqFt	$600.00

APPROVALS: _____ _____

NEGLIA ENGINEERING, SITE PLAN REVIEW RICHARD PRONTI, WR ZONING OFFICIAL

ADDITIONAL FEES IMPOSED IF LAND USE BOARD APPROVAL IS REQUIRED

C/O ISSUED DATE: _____ *C/O #:* _____

Ordinance Ch.530~88