PLANNING BOARD, WOOD-RIDGE, NJ
NOTICE OF APPLICATION

2024-60A

Applicant(s): ROSA MAURIZACA

Trade Name: ROSA THREAD SALON

Residing at: 183 Hackensack Street | Wood Ridge | NJ | 07075
Number & Street | Town | State | Zip

Telephone: Rosa Maurizaca (862) 888-7121

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:

183 Hackensack Street, Wood Ridge — Number & Street
R3 Multi-Family Residential — Zoning District

Borough Tax Map	Lot	Block
	10	294

Zoning Official
Richard Pronti

Denied _x_ Date: 03-27-24
Rev/06/2016

FEE	ESCROW
$100	$1,250

nubesdfla@gmail.com

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

APPLICATION FOR DEVELOPMENT

APPLICANT: ROSA MAURIZACA

Property/Street Address	Tax Map Block	Tax Map Lot	Zoning Classification
183 Hackensack St, Wood-Ridge	294	10	R3 Multi-Family Residential

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
	Other (specify)

To be completed by Borough Staff only

Date Filed:

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

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

CERTIFICATION OF TAX PAYMENTS

ROSA MAURIZACA
Name of Applicant

183 Hackensack Ave, Wood Ridge, NJ
Street Address

294 — Block

10 — 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: 8/9/2024

Kellie Romero
Tax Collector

1st Qtr paid.

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)
820 sq ft. will be utilized as a Women's ~~Unisex~~ Salon.

Number of lots to be created	0
Number of proposed dwelling units, including remainder lot, if applicable	0
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):

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

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

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)
We are proposing a ~~unisex~~ women's salon with chairs, stations, and accessories

Area to be disturbed (square feet)	820 sq ft
Total number of proposed dwelling units	1
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.

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.

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

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

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

If the answer to the foregoing is in the Affirmative:

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

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.

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.

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: 04/22/2024

Signature of Applicant

Sworn to and subscribed before me this

On this 22 day of April, 2024

Rosa Ludena

Notary Public

ROSA L. LUDENA
NOTARY PUBLIC OF NEW JERSEY
Commission # 2426175
My Commission Expires 8/8/2026

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

17th day of April, 2024

Alyssa Pardo

Notary Public

ALYSSA M PARDO
Commission # 2447692
Notary Public, State of New Jersey
My Commission Expires
June 26, 2024

SUBDIVISION APPLICATION DETAILS

9. INFORMATION REGARDNG OTHER APPROVALS

Other Agency	Jurisdiction Yes	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?

8. APPLICANT'S CONSULTANTS and REPRESENTATIVES

APPLICANT'S ATTORNEY

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S ENGINEER

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S TRAFFIC CONSULTANT

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

APPLICANT'S PLANNING CONSULTANT

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE	
FAX	

5. PROPERTY INFORMATION

Owner's Name: Rosalie Castelbuono

Address: 183 Hackensack Ave, Wood Ridge, NJ.

Telephone No.: 201-314-7533

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

Describe the current use of the property.
Property is vacant. It was a dry cleaners for 40 years.

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: _____

2. APPLICANT

NAME	ROSA MAURICACA
ADDRESS	79 Prospect St, Newark, NJ 07105
TELEPHONE NUMBER	862-888-7121
FORM OF BUSINESS:	Salon
Individual	✓
Corporation	
Partnership	
Limited Liability Company	
Other (Specify)	

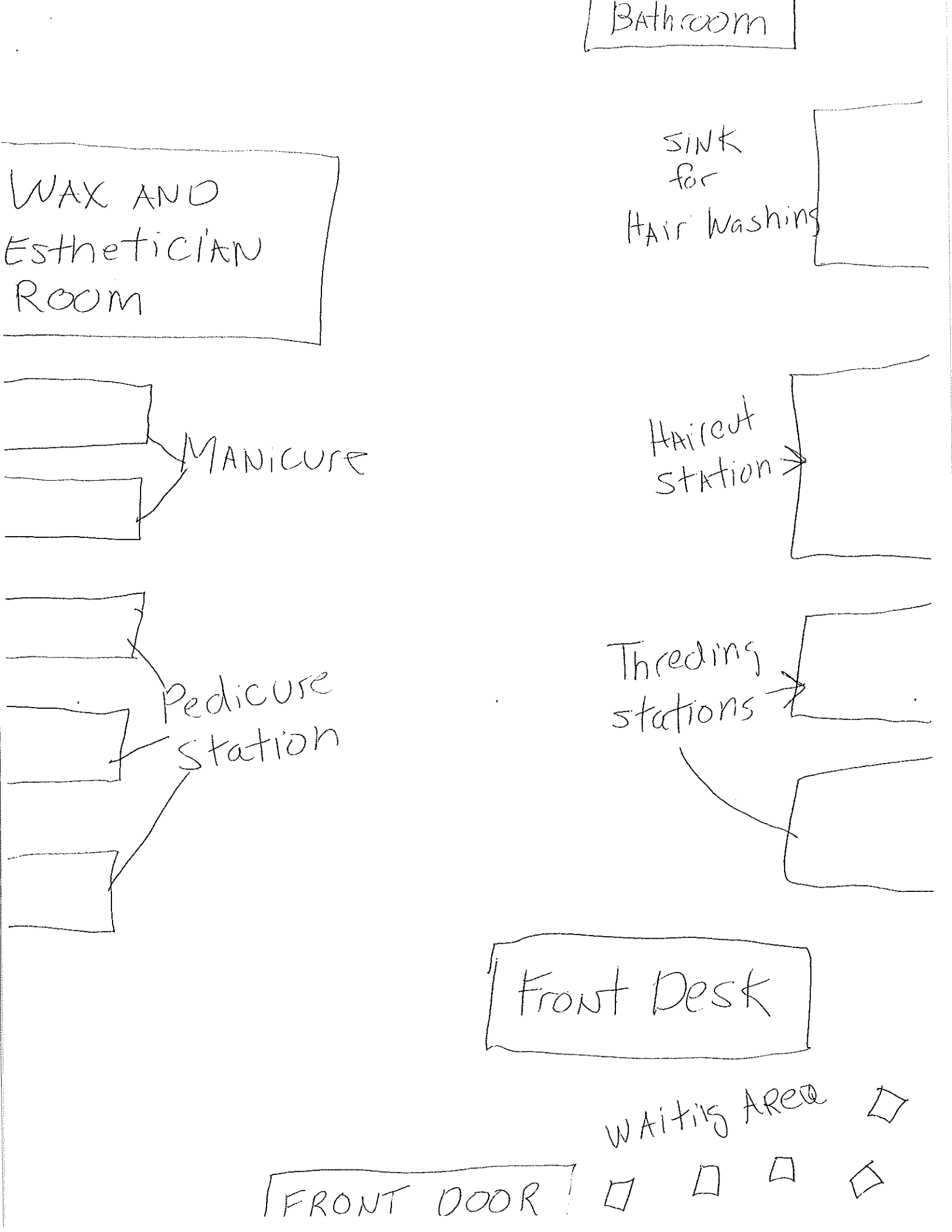
3. APPLICANT'S DISCLOSURE STATEMENT

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)	Transaction is in the Process


Bathroom
WAX AND
Esthetician
Room
SINK
for
Hair Washing
MANICURE
Haircut
station
Pedicure
station
Threading
stations
Front Desk
WAITING AREA
FRONT DOOR