

**TOWNSHIP OF MORRIS  
PLANNING BOARD APPLICATION**  
P.O. BOX 7603, 50 WOODLAND AVENUE, CONVENT STATION, NJ 07961-7603  
PHONE # 973-326-7215 FAX #973-605-8363



The Technical Committee (TCC) meets the first and third Thursday of each month. The Planning Board meets the first and third Monday of each month. An application must be received (2) weeks prior to a TCC meeting for scheduling. Once the TCC has deemed the application complete and ready for consideration by the Board, a public hearing will be scheduled through the Board secretary.

File **original** and **fifteen copies** of application form with **required application and escrow fees**. **All applications** (except final major subdivision), shall be accompanied by **sixteen copies of Plat Plan** showing complete subdivision/ site plan, adjacent properties, key map and all other requirements in accordance with the land development (chapter 57) and zoning (chapter 95) ordinances of the Township of Morris. The **Planning Board** meets the **first** and **third** Monday of every month. **Filing is required three weeks prior** to the meeting.

**CHECK TYPE (S) OF APPLICATION (check all that apply):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> MINOR SUBDIVISION    | <input type="checkbox"/> CONCEPT REVIEW (TCC)   |
| <input type="checkbox"/> MAJOR SUBDIVISION / PRELIMINARY | <input checked="" type="checkbox"/> "C" VARIANCE (s) <u>1</u> (#) (Existing Non-Conformity) |
| <input type="checkbox"/> MAJOR SUBDIVISION / FINAL       | <input type="checkbox"/> EXCEPTIONS (aka Waiver) (s) _____ (#)                              |
| <input type="checkbox"/> SITE PLAN/ AMENDED SITE PLAN    | <input type="checkbox"/> "D" (USE) VARIANCE   |
| <input type="checkbox"/> CONDITIONAL USE                 | <input type="checkbox"/> OTHER (Please Specify) _____                                       |
| <input type="checkbox"/> SITE PLAN WAIVER                |   |

**1. APPLICANT (S) INFORMATION:**

NAME 284 Mendham, LLC  
PHONE # (973) 643 -2409 FAX (973) 643 -6500 EMAIL mposada@sillscummis.com  
ADDRESS 5910 15th Avenue, Brooklyn, NY 11219

Please check one: OWNER  or Purchaser under contract

*\* If not owner, attach separate sheet giving owners consent to file application\**

IF APPLICANT IS NOT THE OWNER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNER'S NAME Same as Applicant PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HAS THE OWNER OF THE PROPERTY IN QUESTION SIGNED THEIR CONSENT ON THE PLANS BEING SUBMITTED?  
YES  NO  IF NO, A NOTARIZED AFFIDAVIT OF OWNER'S CONSENT **MUST** BE ATTACHED.

**2. PROPERTY/TRACT INFORMATION:**

BLOCK (S) 4501 LOT (S) 4 NAME OF PROPERTY/TRACT (IF ANY) N/A  
STREET ADDRESS 284 Mendham Road  
ZONING DESIGNATION RA-130 AREA OF PROPERTY/TRACT (acreage or square feet) 11.55 acres/503,428 SF  
PORTION OF LOT BEING UTILIZED (percentage) N/A

3a. **VARIANCES REQUESTED** Yes-Existing Non-Conformity (YES or NO) 3b. **WAIVERS REQUESTED** \_\_\_\_\_ (YES or NO)

IF VARIANCES AND/OR WAIVERS ARE REQUESTED, PLEASE STATE DETAILS **(including specific ordinance section (s) from which relief is being sought)** Applicant has an existing non-conformity for front yard setback pursuant to 95-10 and Schedule of Area, Bulk and Yard Requirements of the Township of Morris Zoning Ordinances.

4. **DEVELOPMENT PLANS - BRIEF EXPLANATION:** Applicant is proposing to subdivide Lot 4 into proposed Lots 4; 4.01.

Major or Minor Subdivision, Provide the following: NUMBER OF PROPOSED LOTS 2

NUMBER OF PROPOSED UNITS: MARKET N/A MODERATE \_\_\_\_\_ LOW \_\_\_\_\_ TOTAL \_\_\_\_\_

ATTACHING ADDITIONAL SHEETS, IF NECESSARY, TO THE APPLICATION? YES  NO

5. OTHER (Please Explain) \_\_\_\_\_

6. PERSONS OR FIRM PREPARING PLANS: David E. Fantina, P.E.  
ADDRESS 15 Sunset Drive, Bernardsville, NJ 07924 TELEPHONE NO. 908-696-9598  
FAX NO. None. EMAIL DFantina@Fantinaengineering.com

7. ATTORNEY NAME Matthew Posada of Sills Cummis & Gross P.C.  
ADDRESS One Riverfront Plaza, Newark, NJ TELEPHONE NO. (973) 643 -2409  
FAX NO. (973) 643 -6500 EMAIL mposada@sillscummis.com

8. OTHER PROFESSIONALS (IF ANY) WORKING ON APPLICATION  
NAME John C. Ritt of James P. Deady Surveyor, LLC  
ADDRESS 295 Route 22 East, One Salem Square, Suite 202 West, Whitehouse Station, NJ 08889 TELEPHONE NO. (908) 534-0145  
FAX NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME N/A  
ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

*/s/ Matthew P. Posada, Esq. Attorney for Applicant*

05/24/22

**SIGNATURE OF APPLICANT, ATTORNEY, AND/OR AGENT FOR APPLICANT** **DATE**

Matthew Posada of Sills Cummis & Gross P.C. Attorney  
**PRINTED NAME** **RELATIONSHIP TO APPLICANT**