

# CRDA

Casino Reinvestment Development Authority

www.njcrda.com



**15 South Pennsylvania Avenue**  
**Atlantic City, NJ 08401**

## APPLICATION FORM

The application, with supporting documentation, must be filed with the Land Use Administrative Officer for review at least fifteen [15] business days prior to the meeting at which the application is to be considered.

**To be completed by CRDA staff only.**

Date Filed 3/24/15 Application No. 2015-03-1403  
Application Fees: CK# 4003 4900.00 Escrow Deposit CK# 4002 44,911.00  
Scheduled for: \_\_\_\_\_  
Review for Completeness \_\_\_\_\_ Hearing: 4/2/15

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### 1. SUBJECT PROPERTY

Location: 2231 Arctic Avenue  
Tax Map Page 58 Block 336 Lot(s) 2-23  
Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Page \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Dimensions Frontage 264' Depth 150' Total Area 7-39,670sf  
Zoning District Central Business District (CBD)

### 2. APPLICANT

Name JTD Realty Group, Inc.  
Email jdinatale711@gmail.com  
Address 815 12th Avenue, Hammonton, NJ 08037  
Telephone Number 609-517-6757  
Applicant is a: Corporation  Partnership  Individual

### 3. DISCLOSURE STATEMENT

Pursuant to N.J.S 40:55D-48.1 [Application by corporation or partnership; list of stockholders owning 10% of stock or 10% interest in partnership.] Disclosure of owners of organization and property subject to application. [A corporation or partnership applying to a governing body of a municipality]Any organization making an application for development under this act [for permission to subdivide a parcel of land into six or more lots, or applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes] shall list the names and addresses of all members, stockholders or individual partners (collectively, "interest holders") [owning at least 10% of its stock of any class or at least 10% of the interest in the partnership], including any other organization holding at least a 10% ownership interest in the organization, and shall also identify the owner of the property subject to the application, including any organization holding at least a 10% ownership interest in the property [as the case may be]. In accordance with 40:55D-48.2 [Disclosure of 10% ownership interest of corporation or partnership which is 10% owner of applying corporation or partnership.] Listing of names and addresses of interest holders of applicant and owner organization. If [a corporation or partnership] an organization owns an interest equivalent to 10% or more of another organization the stock of a corporation, or 10% or greater interest in a partnership, subject to the disclosure requirements hereinabove described, [pursuant to section 1 of this act that organization shall list the names and addresses of its interest holders holding 10% or greater interest in the [partnership, as the case may be, and] organization. [This requirement shall be followed by every corporate stockholder or partner in a partnership, until the names and addresses of the stockholders and individual partners, exceeding the 10% ownership criterion established in this act, have been listed.] In accordance with recently added 40:55D-48.3 Disclosure of all officers and trustees of a non-profit organization. A non-profit organization filing an application for development under this act shall list the names and addresses of all officers and trustees of the non-profit organization. In accordance with 40:55D-48.4 [Failure to comply with act; disapproval of application.] Approval of application. a. No municipal planning board, board of adjustment or [municipal] governing body shall approve the application of any [corporation or partnership] organization or non-profit organization which does not comply with this act. Any approval not in compliance with this act shall be voidable in a proceeding in lieu of prerogative writ in the Superior Court. b. Any party, including any member of the public, may institute a proceeding in lieu of prerogative writ in the Superior Court to challenge any PROPOSED AMENDMENTS TO MUNICIPAL LAND USE LAW approval granted by a municipal planning board, board of adjustment or governing body on the grounds that such action is void for the reasons stated in subsection a. of this section, and if the court shall find that the approval was not in compliance with this act, the court may declare the approval to be void. In accordance with 40:55D-48.5 [Concealing names of owners;] Organization or non-profit organization failing to disclose; fine. Any [corporation or partnership which conceals] organization or nonprofit organization failing to disclose in accordance with this act, [the names of stockholders owning 10% or more of its stock, or of individual partners owning a 10% or greater interest in the partnership, as the case may be,] shall be subject to a fine of \$1,000 to \$10,000, which shall be [recovered] recoverable in the

name of the municipality in any court of record in the State in a summary manner pursuant to the "Penalty Enforcement Law" (N.J.S.A. 2A:58-1 et seq.).

Name	<u>James T. DiNatale</u>	Address	<u>815 12th Street</u>	Interest	<u>100%</u>
Name	_____	Address	<u>Hammonton NJ</u>	Interest	_____
Name	_____	Address	_____	Interest	_____
Name	_____	Address	_____	Interest	_____
Name	_____	Address	_____	Interest	_____

4. If Owner is other than the applicant, provide the following information on the Owner(s):

Owner's Name same

Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**5. PROPERTY INFORMATION:**

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:

Yes [attach copies] \_\_\_\_\_ No  Proposed \_\_\_\_\_

Present use of the premises: public building / community center

Note: All deed restrictions, covenants, easements, association bylaws, existing and proposed must be submitted for review and must be written in easily understandable English in order to be approved.

6. Applicant's Attorney Nicholas T Menas

Email NMenas@foxrothschild.com

Address 1301 Atlantic Avenue, Midtown Building, Suite 400, Atlantic City, NJ 08401

Telephone Number 609-572-2236

FAX Number 609-348-6834

7. Applicant's Engineer Charles E. Endicott / Endicott Engineering

Email chuds@endicottengineering.com

Address 319 E. Jimmie Leeds Road, Suite 701, Galloway, NJ 08205

Telephone Number 609-652-8350

FAX Number 609-652-8359

8. Applicant's Planning Consultant Charles E. Endicott

Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

9. Applicant's Traffic Engineer Charles E. Endicott

Email \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
FAX Number \_\_\_\_\_

10. List any other **Expert** who will submit a report or who will testify for the Applicant: [Attach additional sheets as may be necessary]

Name \_\_\_\_\_  
Field of Expertise \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
FAX Number \_\_\_\_\_

**11. APPLICATION REPRESENTS A REQUEST FOR THE FOLLOWING:**

SUBDIVISION:

\_\_\_\_\_ Minor Subdivision Approval  
\_\_\_\_\_ Subdivision Approval [Preliminary]  
\_\_\_\_\_ Subdivision Approval [Final]  
Number of lots to be created \_\_\_\_\_ Number of proposed dwelling units \_\_\_\_  
(including remainder lot) (if applicable)

SITE PLAN:

Site Plan Approval  
 Preliminary Site Plan Approval [Phases (if applicable) \_\_\_\_ ]  
 Final Site Plan Approval [Phases (if applicable) \_\_\_\_ ]  
\_\_\_\_\_ Amendment or Revision to an Approved Site Plan  
Area to be disturbed (square feet) \_\_\_\_\_  
Total number of proposed dwelling units   0    
\_\_\_\_\_ Request for Waiver From Site Plan Review and Approval  
Reason for request: \_\_\_\_\_

MISC:

\_\_\_\_\_ Informal Review  
\_\_\_\_\_ Appeal decision of an Administrative Officer [N.J.S. 40:55D- 70a]  
\_\_\_\_\_ Map or Ordinance Interpretation of Special Question [N.J.S. 40:55D-70b]  
\_\_\_\_\_ Variance Relief (hardship) [N.J.S. 40:55D-70c(1)]  
\_\_\_\_\_ Variance Relief (substantial benefit) [N.J.S. 40:55D-70c(2)]  
\_\_\_\_\_ Variance Relief (use) [N.J.S. 40:55D-70d]  
\_\_\_\_\_ Conditional Use Approval [N.J.S. 40:55D-67]  
\_\_\_\_\_ Direct issuance of a permit for a structure in bed of a mapped street, public drainage way, or flood control basin [N.J.S. 40:55D-34]  
\_\_\_\_\_ Direct issuance of a permit for a lot lacking street frontage [N.J.S. 40:55D-35]

12. Section(s) of Ordinance from which a variance is requested and justification for said request: [attach additional pages as needed] \_\_\_\_\_

13. Waivers Requested of Development Standards and/or Submission and justification for request.

Requirements: [attach additional pages as needed] See attached

14. Attach a copy of the Notice to appear in the official newspaper of the municipality and to be mailed to the owners of all real property, as shown on the current tax duplicate, located within the State and within 200 feet in all directions of the property, which is the subject of this application. The Notice must specify the sections of the Ordinance from which relief is sought, if applicable.

The publication and the service on the affected owners must be accomplished at least 10 days prior to the date scheduled by the Administrative Officer for the hearing. An affidavit of service on all property owners and a proof of publication must be filed before the application will be complete and the hearing can proceed.

15. Explain 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] See attached

16. Is a public water line available? Yes

17. Is public sanitary sewer available? Yes

18. Does the application propose a well and septic system? No

19. Have any proposed new lots been reviewed with the Tax Assessor to determine appropriate lot and block numbers? N/A

20. Are any off-tract improvements required or proposed? No

21. Is the subdivision to be filed by Deed or Plat? N/A

22. What form of security does the applicant propose to provide as performance and maintenance guarantees? bond

23. Other approvals, which may be required and date plans submitted:

	Yes	No	Date Plans Submitted
Atlantic City Municipal Utilities Authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Atlantic County Health Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Atlantic County Planning Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Atlantic County Soil Conservation Dist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
NJ Department of Environmental Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Sewer Extension Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Sanitary Sewer Connection Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Stream Encroachment Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Waterfront Development Permit	_____	<u>  x  </u>	_____
Wetlands Permit	_____	<u>  x  </u>	_____
Tidal Wetlands Permit	_____	<u>  x  </u>	_____
Potable Water Construction Permit	<u>  x  </u>	_____	_____
Other	_____	<u>  x  </u>	_____
NJ Department of Transportation	_____	<u>  x  </u>	_____
Public Service Electric & Gas Company	_____	<u>  x  </u>	_____
_____	_____	_____	_____

24. Certification from the Tax Collector that all taxes due on the subject property have been paid.

25. List of Maps, Reports and other materials accompanying the application (attach additional pages as required for complete listing).

Quantity	Description of Item
_____	<u>Site Plan (10 sheets)</u>
_____	<u>Site Survey</u>
_____	_____

26. The Applicant hereby requests that copies of the reports of the professional staff reviewing the application be provided to the following of the applicant's professionals:  
Specify which reports are requested for each of the applicant's professionals or whether all reports should be submitted to the professional listed.

Applicant's Professional	Reports Requested
<u>  x  </u> Attorney	<u>all</u>
<u>  x  </u> Engineer	<u>all</u>
_____	_____
_____	_____

**CERTIFICATIONS**

27. I James T. DiNatale certify that the foregoing statements and the materials submitted 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.

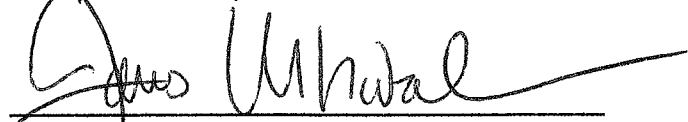
[If the applicant is a corporation, this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.]

Sworn to and subscribed before me this  
24 day of March, 20 15



NOTARY PUBLIC

**AMANDA CASTEEL**  
NOTARY PUBLIC OF NEW JERSEY  
ID # 2443031  
My Commission Expires 2/12/2019



SIGNATURE OF APPLICANT

28. I certify that I am the Owner of the property which is the subject of this application, 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.

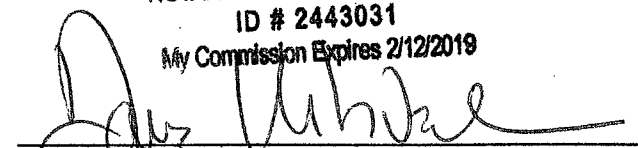
[If the owner is a corporation, this must be signed by an authorized corporate officer. If the owner is a partnership, this must be signed by a general partner.]

Sworn to and subscribed before me this  
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NOTARY PUBLIC

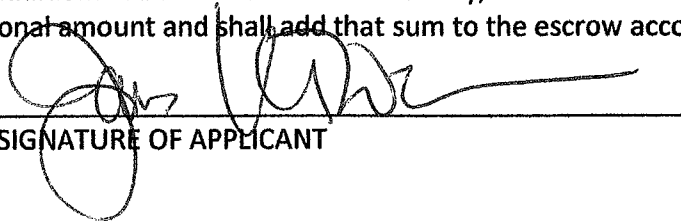
**AMANDA CASTEEL**  
NOTARY PUBLIC OF NEW JERSEY  
ID # 2443031  
My Commission Expires 2/12/2019



SIGNATURE OF OWNER

29. I understand that the sum of \$ 4,711.00 has been deposited in an escrow account (Builder's Trust Account). In accordance with Resolution 11-60 of the Casino Reinvestment Development Authority approving Land Use Fees and Escrow Deposit Requirements, I further understand that the escrow account is established 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 Board. Sums not utilized in the review process shall be returned. 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.

\_\_\_\_\_  
Date



SIGNATURE OF APPLICANT

# CRDA

Central Developmental Disabilities Authority

www.njcrda.com



## ESCROW SETUP INFORMATION

The Information below is necessary to initially set up your Escrow Account through TD Bank.

Applicant's Name: James T. DiNatale / JTD Realty Group, Inc.

Applicant's Address: 815 12th Avenue, Hammonton, NJ 08037

\*Applicant's Signature: James DiNatale

Applicant's Phone No.: 609 - 517 - 6757

Applicant's Email Address: jdinatale711@gmail.com

Applicant's Date of Birth: 2/1/1963

Tax Identification or Social Security Number: 136-60-6089

Assigned Escrow #: #55

Should you require assistance or have any questions, please do not hesitate to contact Carl Wentzell in the Finance Dept at 609-347-0500 ext. 3215 or CWentzell@NJCRDA.com.