



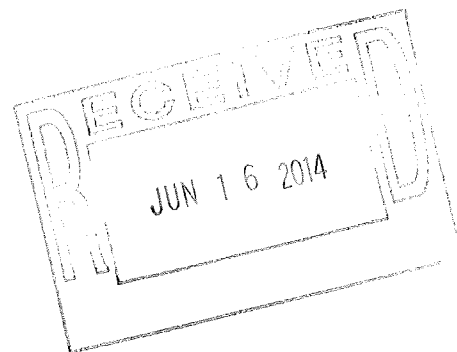
TOWNSHIP OF TEANECK
 PAUL A. VOLKER MUNICIPAL GREEN
 318 TEANECK ROAD
 TEANECK, NEW JERSEY 07666
BUILDING DEPARTMENT
 PHONE (201) 837-1600 Ext 1100 FAX (201) 837-4802
 EMAIL - building@teanecknj.gov

Form ZP01
 August 2009

APPLICATION FOR ZONING PERMIT

NO OCCUPANCY IS PERMITTED PRIOR TO THE ISSUANCE OF THE REQUIRED ZONING PERMIT
 COMPLETE ALL REQUESTED INFORMATION PLEASE PRINT OR TYPE ILLEGIBLE FORMS WILL NOT BE ACCEPTED

<p style="text-align: center;">LOCATION INFORMATION</p> <p>BLOCK <u>2409</u> LOT <u>8</u> ZONE DISTRICT <u>R-S</u></p> <p>WORK SITE LOCATION INCLUDE IDENTIFIERS <u>554 Queen Anne Rd.</u> (i.e. Apt. No., Unit No., Suite No., Floor, etc.) _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>APPLICATION DEEMED COMPLETE BY: <u>DN</u> DATE: <u>6/25/14</u></p> <p>ZONING CONTROL NUMBER: <u>20140132</u></p>
<p style="text-align: center;">ZONING PROPOSAL</p> <p>EXISTING USE OR LAST USE OF PROPERTY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input checked="" type="checkbox"/> NON-RESIDENTIAL (EXPLAIN) <u>Mixed Use: House of Worship and residence for Rabbi</u></p> <p>PROPOSED USE, CONSTRUCTION, WORK OR INSTALLATION (ATTACH ADDITIONAL SHEET IF NECESSARY TO FULLY EXPLAIN THE PROJECT) <u>Convert residence into area to hold youth groups when services are occurring in the sanctuary.</u></p> <p>PROPOSED ACCESORY USES _____</p>	
<p style="text-align: center;">PROPERTY OWNER INFORMATION</p> <p>NAME OF PROPERTY OWNER <u>554 Queen Anne Rd., Inc. d/b/a Congregation Ohr Saadya</u></p> <p>NAME OF PRINCIPAL OFFICER <u>Levi Goldberg, President</u></p> <p>OWNER HOME ADDRESS <u>554 Queen Anne Rd., Inc. d/b/a Congregation Ohr Saadya</u></p> <p>CITY <u>Teaneck</u> STATE <u>NJ</u> ZIP CODE <u>07666</u></p> <p>DAYTIME TELEPHONE NO. _____ FAX _____</p> <p>EMERGENCY CONTACT PERSON _____ TELEPHONE NO. _____</p>	
<p style="text-align: center;">APPLICANT INFORMATION</p> <p>NAME OF APPLICANT <u>Same as Owner</u></p> <p>APPLICANT HOME ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>DAYTIME TELEPHONE NO. _____ FAX _____</p>	
<p style="text-align: center;">BUSINESS INFORMATION</p> <p>LEGAL NAME OF BUSINESS <u>554 Queen Anne Rd., Inc.</u></p> <p>NAME BUSINESS TRADING AS <u>Congregation Ohr Saadya</u></p> <p>NAME OF PRINCIPAL OFFICER <u>Levi Goldberg, President</u></p> <p>EMERGENCY CONTACT PERSON <u>Levi Goldberg, President</u> TELEPHONE NO. _____</p>	



**TOWNSHIP OF TEANECK
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BUSINESS INFORMATION (CONT.)

NUMBER OF EMPLOYEES N/A

AREA OF THIS BUSINESS USE (SQUARE FEET) Youth Group Area - 873 SF with 363 SF of common areas

AREAS OF ALL OTHER USES
(List all other uses, businesses, tenants, etc. and the areas of each use when there are multiple uses on the property. Attach separate sheet if necessary.)
Sanctuary - 1287 SF with 640 SF of commons areas.

TOTAL NUMBER OF PARKING SPACES ON SITE _____

APPLICATION TYPES

TYPE OF ZONING PERMIT(S) REQUESTED (Check all items that apply to this project)

<input type="checkbox"/> CERTIFICATE OF USE (NEW BUSINESS)	<input type="checkbox"/> NEW BUILDING
<input type="checkbox"/> HOME PROFESSIONAL OFFICE	<input type="checkbox"/> ADDITION
<input type="checkbox"/> HOME OCCUPATION	<input checked="" type="checkbox"/> ALTERATIONS (Without modification to existing building footprint)
<input type="checkbox"/> TEMPORARY USE	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> FENCE	<input type="checkbox"/> RETAINING WALL
<input type="checkbox"/> DRIVEWAY	
<input type="checkbox"/> SHED	
<input type="checkbox"/> TEMPORARY TOILET FACILITY	

HAS THIS PROPERTY EVER BEEN THE SUBJECT OF ANY PRIOR APPLICATION BEFORE THE ZONING BOARD OF ADJUSTMENT OR THE PLANNING BOARD? YES NO (If Yes, attach information on the date, nature and disposition of such applications)

OWNER'S AUTHORIZATION

I hereby authorize the submission of this application and agree to bind myself to any terms and conditions stipulated to and agreed by and between said applicant and the Township of Teaneck in the course of approval of this application for zoning permit. I also grant permission to the Building Department staff to enter upon the property for purposes of evaluating this application.

SIGNATURE OF PROPERTY OWNER *David Kelly* DATE 6/9/14

APPLICANT'S CERTIFICATION

I hereby certify that I have been authorized by the property owner to make this application, that all information contained herewith is true and complete and accurately describes the existing and proposed uses of the subject property. I understand that if any of the above statements or information is false, misleading or omitted, I will be subject to penalty and revocation of the issued permit in accordance with Section 33-23 (d)(2) and Section 33-23 (d)(3)e of the Township of Teaneck Development Regulations.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY

REQUIRED DOCUMENTS	SUBMITTED	INITIALS	DATE
APPLICATION FORM	<input checked="" type="checkbox"/>	<u>DK</u>	<u>6/23/14</u>
PROPERTY SURVEY	<input type="checkbox"/>	_____	_____
PROPOSED SITE PLAN	<input type="checkbox"/>	_____	_____
PROPOSED FLOOR PLANS/ELEVATIONS	<input type="checkbox"/>	_____	_____
HISTORIC PROPERTY	<input type="checkbox"/>	_____	_____
PREVIOUS APPROVALS / VARIANCES	<input type="checkbox"/>	_____	_____
APPLICATION FEE	<input type="checkbox"/>	_____	_____

