



**LAND DEVELOPMENT APPLICATION  
ELK TOWNSHIP, GLOUCESTER COUNTY, NEW JERSEY**

**Please complete all sections of the application form and submit all items required by the *Land Development Checklist* for your application. If you are requesting a waiver for any item, the request must be in writing and include written documentation in support of your waiver request(s). Any application that does not have all items submitted, or a waiver requested, will be deemed incomplete.**

**DO NOT PUBLISH PUBLIC NOTICE OR MAIL NOTICE TO THE OWNERS OF PROPERTY WITHIN 200 FEET UNTIL YOU HAVE RECEIVED THE DATE ASSIGNED FOR THE PUBLIC HEARING FROM THE BOARD SECRETARY.**

To be completed by Township staff:

Date Filed: \_\_\_\_\_

Application Number: \_\_\_\_\_

Application/Escrow Fees: \_\_\_\_\_

Date Deemed Incomplete: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Date Deemed Complete: \_\_\_\_\_

Resolution Number: \_\_\_\_\_

**Check all applicable:**

- |                                                 |                                            |                                                 |
|-------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> New                    | <input type="checkbox"/> Re-submission     | <input type="checkbox"/> Concept                |
| <input type="checkbox"/> Minor Subdivision      | <input type="checkbox"/> Major Subdivision | <input type="checkbox"/> Variance(s)            |
| <input type="checkbox"/> Minor Site Plan        | <input type="checkbox"/> Major Site Plan   |                                                 |
| <input type="checkbox"/> Preliminary Approval   | <input type="checkbox"/> Final Approval    | <input type="checkbox"/> Amended                |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Commercial        | <input checked="" type="checkbox"/> Other _____ |
|                                                 | <input type="checkbox"/> Industrial        |                                                 |

**1. Subject Property**

See attached Resolution No. 2024-17.

Block(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_ Zone Designation: \_\_\_\_\_ Tax Map page: \_\_\_\_\_

Property Location: \_\_\_\_\_

Dimensions: Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Total Area \_\_\_\_\_

**2. Applicant's Name:** Aura Towns Urban Renewal, LLC

Company Name: \_\_\_\_\_

Address: 688 Cross Street

Lakewood, NJ 08701

Phone Number: 732-363-5252 email: mindy@atlanticsitenj.com

Applicant is a: ☐ Corporation ☐ Partnership ☐ Individual ☒ Limited Liability Company

Nature of Applicant's equitable/possessory interest in the land: Owner in Fee

3. Property Owner's Name: Same as Applicant

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

**\*All titled owners of the property must sign the application evidencing their consent to the application.  
Attach a separate sheet for signatures, if necessary, and provide a copy of the current deed of ownership.**

4. Attorney's Name: Michael J. Lario, Jr., Esq.

Firm: Nehmad Davis & Goldstein P.C.

Address: 4030 Ocean Heights Avenue

Egg Harbor Township, NJ 08234

Phone Number: 609-927-1177 Fax #: 609-926-9721 Email: mlario@ndglegal.com

5. Engineer's Name: Jason Regan, PE

Firm: VBH

Address: 1805 Atlantic Avenue

Manasquan, NJ 08736

Phone Number: 973-776-3784 Fax #: \_\_\_\_\_ Email: jregan@vvhb.com

**For Site Plans:** N/A

☐ Commercial ☐ Industrial ☐ Other \_\_\_\_\_

Land to be developed \_\_\_\_\_ acres

Building size: \_\_\_\_\_ # of parking spaces \_\_\_\_\_

Proposed use: \_\_\_\_\_

**For Residential:** N/A

Area of entire tract \_\_\_\_\_ acres

Portion to be subdivided \_\_\_\_\_

# of lots created \_\_\_\_\_ # of units planned \_\_\_\_\_

Proposed use: \_\_\_\_\_

Does the application require any variances? ☐ Yes ☒ No  
Does the application require any conditional uses? ☐ Yes ☒ No

Please attach a separate sheet with a complete description of the variances requested and the reasons for relief. Please attach a statement as to the ways in which your project satisfies the requirements of the conditional uses. Your statements should cite the applicable Ordinance(s). Include the appropriate fees in your application and escrow fees.

Does the site front on a county road? ☒ Yes ☐ No Route # \_\_\_\_\_  
Does the site front on a state road? ☐ Yes ☒ No Route # \_\_\_\_\_  
Is the Site within 200 feet of another municipality? ☐ Yes ☒ No Name: \_\_\_\_\_

List all outside agencies to which application has been made regarding the proposed development:

N/A

Restrictions, covenants, easements, association by-laws, existing or proposed on the property:  
☐ Yes (attach copies) ☒ No Proposed \_\_\_\_\_

**\*Note: Copies of All deed restrictions, covenants, easements, association by-laws, existing and proposed must be submitted for review.**

Present use of the premises: Residential Subdivision as approved in Resolution No. 2024-17  
dated: January 15, 20265

Proposed use: No change proposed. Applicant only seeks extension of period of zoning  
protection pursuant to N.J.S.A. 40:55D-52(e).

8. Applicant's Planning Consultant: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

9. Applicant's Traffic Engineer: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

10. List any other Expert who will submit a report or who will testify for the Applicant. (attach additional sheets if necessary)

Name: N/A

Field of expertise: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

11. List all other witnesses who will testify at the public hearing on behalf of the Applicant. (attach additional sheets if necessary)

Name: N/A

Nature of testimony: \_\_\_\_\_

Name: \_\_\_\_\_

Nature of testimony: \_\_\_\_\_

12. Subdivision: Number of lots created (include remainder): No change proposed.

Number of proposed dwellings: No change proposed.

Site Plan: Area to be disturbed (square feet) \_\_\_\_\_

Total number of proposed dwelling units: \_\_\_\_\_

Commercial square footage: \_\_\_\_\_

Site Plan Waiver: Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Variance:**

Request is hereby made for permission to erect, alter, convert, use, a parcel contrary to the requirements of the Township Ordinances or for other relief as follows:

(specify which ordinance sections are violated):

N/A

See attached Resolution

13. Said property has dimensions of \_\_\_\_\_ and area of \_\_\_\_\_ and is improved with the following structures: \_\_\_\_\_

(If known, so indicate; or indicate whether dwelling or building; stating use thereof)

14. If less than the entire lot is to be utilized for the purpose hereinafter set forth, the area and dimensions of the portion of the lot to be utilized are: N/A

15. Size of proposed building: N/A

Square footage of Building footprint: \_\_\_\_\_ Total Square footage: \_\_\_\_\_

Feet wide: \_\_\_\_\_ Height: \_\_\_\_\_

Stories: \_\_\_\_\_

16. Setbacks of building (corner properties have 2 fronts): N/A

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Side: \_\_\_\_\_ Side: \_\_\_\_\_

% Building Coverage: \_\_\_\_\_

% Impervious Coverage: \_\_\_\_\_

17. Date property acquired: \_\_\_\_\_

Prevailing zoning at time of acquisition: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

18. Has there been any previous appeal, request, or application to this or any other Township Boards or the Construction Official involving these premises? ☒ Yes ☐ No

If YES, state the nature, date and the disposition of said matter and attach copies of all prior resolutions of this or any other Land Development Board.

A copy of Resolution \_\_\_\_\_ is enclosed herein.

19. For a variance - What are the EXCEPTIONAL conditions of property preventing the applicant from complying with the Zoning Ordinance(s) (i.e. the positive and negative criteria)?

N/A

20. For variances - Submit a statement of facts showing why relief can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the zone plan and zoning ordinance.

N/A

21. All applicants must submit a copy of the Land Development Checklist and provide all of the information required in accordance with checklist. If waivers are sought, the applicant should submit a list of requested waivers with an explanation of the request.

22. Waivers requested of Development Standards and/or Submission Requirements (attach additional pages as needed):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

23. Explain in detail the exact nature of the application and the changes to be made at the premises, including the proposed use of premises (attach additional pages as needed):

See attached cover letter for requested relief and associated support.

24. Is a public water line available? ☐ Y ☐ N

25. Is public sanitary sewer available? ☐ Y ☐ N

26. Does the application propose a well and septic system? ☐ Y ☐ N

27. Depict the location of the proposed well and septic on the plan submitted and the locations of any existing wells and septic systems on properties within 500 feet of the location of the proposed wells and septic systems.

28. Type of construction (frame, stone, brick, cement, etc.) \_\_\_\_\_

29. Present use of existing building(s) and premises: \_\_\_\_\_

30. Total proposed dwelling units: \_\_\_\_\_

31. Total proposed professional offices: \_\_\_\_\_

32. Total proposed floor area: \_\_\_\_\_

33. Total proposed parking spaces: \_\_\_\_\_

34. Are there any off-tract improvements required or proposed? \_\_\_\_\_

35. What form of security does the applicant propose to provide as performance and maintenance guarantees?  
\_\_\_\_\_

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

|                                           | Yes   | No    | Date Application<br>Submitted |
|-------------------------------------------|-------|-------|-------------------------------|
| County Planning Board Approval            | _____ | _____ | _____                         |
| County Health Department                  | _____ | _____ | _____                         |
| County Soil Conservation District         | _____ | _____ | _____                         |
| Elk Municipal Utilities Authority         | _____ | _____ | _____                         |
| NJ Department of Transportation           | _____ | _____ | _____                         |
| NJ Department of Environmental Protection | _____ | _____ | _____                         |
| Stream Encroachment Permit                | _____ | _____ | _____                         |
| Waterfront Development Permit             | _____ | _____ | _____                         |
| Wetlands Permit                           | _____ | _____ | _____                         |
| LOI (letter of Interpretation)            | _____ | _____ | _____                         |
| Other _____                               | _____ | _____ | _____                         |
| Other _____                               | _____ | _____ | _____                         |

I hereby consent to the filing of this application and consent to allowing Township representatives to perform on site visits. (Both signatures are required.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: Shlomo Horowitz Date: 9/8/2026

\_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20

\_\_\_\_\_  
Notary Public