

DATE \_\_\_\_\_

BOARD OF ADJUSTMENT

PLANNING BOARD

**PROOF OF PAYMENT OF TAXES**

Elaine Plunin  
Tax Collector

FEE Variance \$200.00

Site Plan \_\_\_\_\_

Conditional use \_\_\_\_\_

Subdivision \_\_\_\_\_

**CITY OF CLIFTON  
APPLICATION FOR DEVELOPMENT AND/OR APPEAL  
TO BE COMPLETED BY THE APPLICANT**

Site Location 187 Abbe Lane Block 33.09 Lot 14

1. Name of Applicant: Hiren Chandratre  
Address: 187 Abbe Lane, Clifton 07013 Telephone: 646-764-3716  
Relation to Owner if not same as Owner: \_\_\_\_\_

2. Name of Owner (if other than Applicant): \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. The applicant is  Corporation  A Partnership  Individual  
Other (please specify): \_\_\_\_\_

If the applicant is a corporation or partnership, please attach a list of names and addresses of persons having a 10% interest or more in the corporation or partnership.

**CORPORATIONS MUST BE REPRESENTED BY AN ATTORNEY-AT-LAW**

4. Name of Architect or Engineer \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Name of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Has this property been the subject of a hearing before the Board of Adjustment or Planning Board  
 Yes  No  Disposition

7. Deed restrictions that apply or are contemplated:  YES  NO  
(If yes, attach copy)

**DESCRIPTION OF PREMISES**

8. Corner  Interior  Zone District \_\_\_\_\_ Lot Size 50' x 100'

9. Lot Dimensions: Front 50.03 Rear 51.71 R. Side 101.22 L. Side 100.00

**BUILDING/OR STRUCTURE SETBACKS**

10. Existing: Front \_\_\_\_\_ Rear \_\_\_\_\_ R. Side \_\_\_\_\_ L. Side \_\_\_\_\_

11. Proposed: Front \_\_\_\_\_ Rear \_\_\_\_\_ R. Side \_\_\_\_\_ L. Side \_\_\_\_\_

Present Use: Single family Residential use  
Proposed Use: Single family Residential use

The Administrative Officer has declined to issue a permit and has made the following decision regarding the zone status of this application:

**TYPE OF APPLICATION**

- Site Plan
- Conditional Use
- "A" Variance
- "B" Variance
- "C" Variance
- "D" Variance (Use)

**IMPORTANT: MUST BE ANSWERED BY ALL APPLICANTS:**

Type(s) of Variance Requested and how relief can be granted without substantial detriment to Public good or Clifton's Zone

Plan Proposed Extended driveway.

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**OFFICE USE ONLY**

- BOARD OF ADJUSTMENT
- PLANNING BOARD

Date of Hearing \_\_\_\_\_

Board action required by \_\_\_\_\_  
Date

Application declared complete on \_\_\_\_\_  
Date

Final Decision Rendered on \_\_\_\_\_  
Date

APPROVED       APPROVED WITH CONDITIONS       DENIED

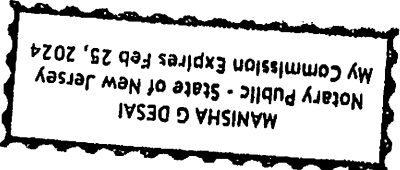
WITHDRAWN OR DISMISSED

DEED RESTRICTION

Being duly sworn, says that he is the applicant or one of the applicants in the above action: that the application, if filed as an appeal from any order or decision of the Zoning Officer, has been filed within the time required by law, and that all of the matters and facts set forth in the foregoing application are true.

*H K Chandran*

APPLICANT



State of New Jersey

County of: Passaic

Sworn to and subscribed before me

this 20<sup>th</sup> day of July 2021

SIGNATURE OF OFFICER ADMINISTERING OATH (Notary)

*Manisha Desai*

TITLE OF SUCH OFFICER

*Assistant Branch Manager*

If the applicant is not the owner of the property, have the owner sign below consent or file with the application a letter signed by the owner consenting to the application.

The foregoing application is hereby consented to this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Owner

Sworn and subscribes before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE OF OFFICER ADMINISTERING OATH (Notary)

TITLE OF SUCH OFFICER

State of New Jersey

County of: \_\_\_\_\_