TOWNSHIP OF LITTLE EGG HARBOR
ZONING BOARD OF ADJUSTMENT

APPLICATION & APPEAL
PART A

Use additional sheets if necessary.

Applicant's Name: Erik Chodnoff

Applicant's Telephone Number: [redacted]

Applicant's E-mail Address: [redacted].com

Applicant's Street Address: [redacted], Egg Harbor Twp, NJ 08234

Applicant is an (check one): Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other (describe) _____

Owner's Name: NJ Fund 2025 LLC

Owner's Telephone Number: _____

Owner's Mailing Address: [redacted] Trenton NJ 08601

Relationship of Applicant to Owner (check all that apply): Same ☐ Tenant ☐ Agent ☐

Contract Purchaser ☒ Other (describe): _____

Location of Property which is the subject of this Application or Appeal:

Tax Map Reference (Block & Lot): 291.07 + 14.02

Street Address: 40 Oak LN, Little Egg Harbor Township, New Jersey

Zoning District for the Subject Property: R75
(For example: R50, R200, GB)

Lot Size: IRREGULAR Lot Area: 5469 sq. ft.

Indicate and Describe any Structures Presently Situated on the Property: None
(For example: Shed, Barn, Detached Garage or Residential Dwelling)

State the Present Use of any Structures Noted Above: _____

PART B

REASON FOR THE APPLICATION OR APPEAL (This Information is Required):

_____ Appeal to the Zoning Board of Adjustment where it is alleged that there is error in any order, requirement, decision or refusal made by the administrative officer based on or made in the enforcement of the land use ordinance. [N.J.S.A. 40:55D-70(a.)]

X Request that the Zoning Board of Adjustment render a decision upon the interpretation of the land use ordinance or zoning map. [N.J.S.A. 40:55D-70(b.)]

_____ Request that the Zoning Board of Adjustment render a decision upon a special question(s) where the board is authorized to do so by ordinance. [N.J.S.A. 40:55D-70(b.)]

X Request or appeal to the Zoning Board of Adjustment for a "hardship variance". [N.J.S.A. 40:55D-70(c.) (1)]

X Request or appeal to the Zoning Board of Adjustment for a variance under the "substantial benefit" provisions of N.J.S.A. 40:55D-70(c.) (2).

_____ Request or appeal to the Zoning Board of Adjustment for a "special reasons" variance. [N.I.S.A. 40:55D-70(d.)] If you checked this item please read carefully and choose from the following options:

_____ (d.) (1). Variance to permit a *use* or principal structure in a zoning district restricted against such use or principal structure (commonly known as an "use variance").

_____ (d.) (2). Variance to permit expansion of a nonconforming use.

_____ (d.) (3). Variance to permit deviation from a specification or standard pertaining to a conditional use pursuant to N.J.S.A. 40:55D-67.

_____ Other: (d.) (4) _____ (d.) (5) _____ (d.) (6) _____

_____ Request that the Zoning Board of Adjustment direct the issuance of a permit pursuant to N.J.S.A. 40:55D-34 for a building or structure in the bed of a mapped street or public drainage way, flood control basin or public area reserved pursuant to N.J.S.A 40:55D-32. [N.J.S A. 40:55D-76 (a.) (1)]

_____ Request that the Zoning Board of Adjustment direct the issuance of a permit for a lot lacking street frontage. [N.J.S.A. 40:55D-76 (a.) (2)]

_____ Request that the Zoning Board of Adjustment issue a Certificate of Nonconformity for a nonconforming use or structure. [N.J.S.A. 40:55D-68]

PART C

To be completed only if applicant is seeking a "D" variance together with site plan, subdivision and/or conditional use approvals from the Zoning Board of Adjustment. Otherwise proceed directly to Part D below.

SUBDIVISION APPROVAL:

_____ Minor Subdivision _____ Subdivision Approval

_____ Subdivision Approval (Final)

Number of Lots to be Created: _____ Number of Proposed Dwelling Units: __

SITE PLAN APPROVAL:

_____ Minor Site Plan Approval _____ Site Plan Approval (Preliminary)
_____ Phases (if applicable)

_____ Site Plan Approval (Final) _____ Amendment or Revision to Site Plan
_____ Phases (if applicable)

Area to be disturbed: _____ Number of Proposed Dwelling Units: _____

Request for waiver from site plan review and approval

CONDITIONAL USE APPROVAL: Request for conditional use approval (N.J.S.A. 40:55D-67J

PART D

This section will provide Zoning Board of Adjustment members and the professional staff with important background information related to the relief you are seeking. This information is required. Please answer each and every question which applies to your application in full and with as much detail as possible.

1. Describe in clear, concise and general terms the nature of the relief you are seeking and/or the proposed use of the premises: Seeking variance relief for lot area & lot depth, and all other variances/waivers to construct a single family home

2. Identify which section(s) of the land use ordinance from which you are seeking relief:

3. Setbacks of the proposed structure: 20 Front _____ Rear Side

4. Percentage of building coverage of the proposed structure 14.2 %.

5. Has there been any previous appeal, request or application for relief to this or any other municipal board or the Construction Official involving these premises? YES _____ NO X

If yes, state the nature, date and the disposition of said matter:

6. Supply 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 land use ordinance. Use additional sheets if necessary.
See attached Sheet

7. What are the exceptional conditions of property preventing you from complying with the land use ordinance?
the shape of the lot

8. Are there any existing or proposed deed restrictions, covenants, easements, or association by-laws affecting the premises? YES _____ NO X If yes, please describe and attach copies.

9. Public Water? YES X NO _____ Public Sanitary Sewer? YES X NO _____

10. Are you proposing a well and/or septic system? YES _____ NO X

11. Are all taxes and/or assessments due on the property paid in full YES X NO _____

PART E

Please provide the following:

1. Applicant's Attorney with Address, Telephone & E-mail:

Francis Ballak - GMS Law
660 New Road #1A
Northfield NJ 08225
Francis@GMSLaw.com 6096460222

2. Applicant's Engineer with Address, Telephone & E-mail:

Craig Hurless
507 Heritage Court
Galloway NJ 08205
c.hurless@comcast.net / 6052040798

3. Applicant's Planner with Address, Telephone & E-mail:

4. List the Names, Addresses, Telephone Numbers, and E-mail of any expert who will submit a report or who will testify for the applicant:

CERTIFICATIONS

I. I, Eric Chaloff, being duly sworn according to law hereby certifies that the information presented in this application is true and accurate. I further certify that I am the individual applicant, or that I am an officer of a corporate applicant and that I am authorized to sign the application for the corporation, or that I am a general partner of a partnership applicant, or that I am an authorized person for any other form of business entity. [If the applicant is a corporation the certification must be signed by an authorized corporate officer. If the applicant is a partnership the certification must be signed by a general partner.]

Sworn to and subscribed before me this

7th (DATE) day of April (MONTH) 2026 (YEAR)

NICK V HUYNH
Notary Public, State of New Jersey
My Commission Expires Aug 17, 2028

NOTARY PUBLIC

(Signature of Applicant)

II. I, E. Weiser, hereby 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 herein or during this proceeding, and the final decision in the same manner as if I were the applicant. [If the owner is a corporation the certification must be signed by an authorized corporate officer. If the owner is a partnership the certification must be signed by a general partner.]

Sworn to and subscribed before me this

14 (DATE) day of April (MONTH) 2026 (YEAR)

NOTARY PUBLIC

Signature of Owner (s)

MENDEL KLEIN
Notary Public State of New York
No 01KL0000785
Qualified in Kings County
My Commission Expires February 8 2027

III. A search of municipal property tax records for Block 29.07, Lot(s) 14.02 maintained in the Office of the Tax Assessor of Little Egg Harbor Township confirms

_____

to be the owner(s) of record.

DATE: _____ _____
(Signature of Tax Assessor or Agent)

Property was bought at tax sale. Taxes in the rear will be paid prior to board meeting.

IV. All taxes and/or special assessments, if any, for Block 29.07, Lot(s) 14.02 on the subject property or properties have been paid.

DATE: _____ _____
(Signature of Tax Collector or Agent)

V. I understand that an escrow account is established to reimburse the municipality's cost of professional services including engineering planning, legal, and other expenses associated with the review of the submitted materials and publication of the decision by the Zoning Board of Adjustment. Sums not utilized in the review process shall be returned. I further understand that should additional escrow funds be deemed necessary as this application proceeds, I will be responsible for adding the additional funds to the escrow account before the review process continues.

DATE: 4/4/25 _____
(Signature Applicant)

III. A search of municipal property tax records for Block _____, Lot(s) _____ maintained in the Office of the Tax Assessor of Little Egg Harbor Township confirms

_____

to be the owner(s) of record.

DATE: _____ _____
(Signature of Tax Assessor or Agent)

IV. All taxes and/or special assessments, if any, for Block _____, Lot(s) _____on the subject property or properties have been paid.

DATE: _____ _____
(Signature of Tax Collector or Agent)

V. I understand that an escrow account is established to reimburse the municipality's cost of professional services including engineering planning, legal, and other expenses associated with the review of the submitted materials and publication of the decision by the Zoning Board of Adjustment. Sums not utilized in the review process shall be returned. I further understand that should additional escrow funds be deemed necessary as this application proceeds, I will be responsible for adding the additional funds to the escrow account before the review process continues.

DATE: 4/4/25 _____
(Signature Applicant)

AFFIDAVIT OF NON-COLLUSION

STATE OF NEW JERSEY :
SS:
COUNTY OF OCEAN:

Erik Chodroff (Applicant / Affiant), being duly sworn according to law, upon his or her oath, hereby deposes and says:

1. I am the applicant in connection with an application filed with the Little Egg Harbor Township Zoning Board of Adjustment pertaining to Block ____ Lot(s) _____ as shown on the Little Egg Harbor Township Tax Map; and

2. There has been no collusion between the undersigned affiant and any members of the Little Egg Harbor Township Zoning Board of Adjustment or any other employee or official of Little Egg Harbor Township with regard to the subject application or appeal.

Subscribed and sworn to
before me this 7th
day of April, 2026

Notary Public of New Jersey

NICK V HUYNH
Notary Public, State of New Jersey
My Commission Expires Aug 17, 2028

Signature
Please print name below

Erik Chodroff

TOWNSHIP OF LITTLE EGG HARBOR
BOARD OF ADJUSTMENT
APPLICANT(S) CERTIFICATION(S)

SITE INSPECTION CONSENT

Erik Chadhoff hereby give permission to the Members of the Board of Adjustment of the Township of Little Egg Harbor, and its authorized representatives, consultants and other Township Officials, to enter onto the premises located at 40 Oak Lane, Little Egg Harbor Township for the purposes of evaluation of the application for development presently pending before that Board.

4/4/26
Date

Signature of Applicant/Owner/Representative

Erik Chadhoff
PRINT NAME HERE