

# City of Ventnor City

City Hall  
6201 Atlantic Avenue  
Ventnor City, New Jersey 08406

Information can be found on City Website: [www.ventnorcity.org](http://www.ventnorcity.org)

Meetings held in Municipal Court Room at 6:30 pm on specified dates

**Application for Action by Planning Board**  
**Ventnor City, New Jersey**  
*Please Type or Print Clearly*

1. Date of Application: February 18, 2021

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2. **Zoning District:**

- |  |   |  |
|--|---|--|
| R-1 <input type="checkbox"/> Single Family                       | R-2 <input type="checkbox"/> Single Family                | R-3 <input type="checkbox"/> Single Family |
| R-4 <input checked="" type="checkbox"/> Single Family            | R-5 <input type="checkbox"/> Single Family                | R-6 <input type="checkbox"/> Single Family |
| R-7 <input type="checkbox"/> Single Family                       | R-8 <input type="checkbox"/> Single Family                |  |
| R-9 <input type="checkbox"/> Single Family, High Rise, Townhouse | R-10 <input type="checkbox"/> Environmental: Ventnor West |  |
| R-11 <input type="checkbox"/> Special Development District       | COMM <input type="checkbox"/> City Commercial District    |  |
| CMU <input type="checkbox"/> Commercial Mixed Use                | DCD <input type="checkbox"/> Design Commercial District   |  |
- 

3. **Subject Lot:**

Street Address (es) 14 N. Baltimore Avenue

Block Number: 133 Lot Number (s): 15

Total Area (in Square Feet): 2,625 sq ft

Lot Frontage: 42.00' Lot Depth: 62.50'

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4. **Information about the Applicant**

Full Name (s): Hal Axelrod and Marcy Axelrod

If Business entity, Names of Officers or Principals (Subject disclosure statement if appropriate)

\_\_\_\_\_

Property Address: 14 N. Baltimore Avenue Zip Code: 08406

Other Residence Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (Address that all correspondence will get mailed to): \_\_\_\_\_

14 N. Baltimore Avenue, Ventnor NJ Zip Code: 08406

Phone Number (s) (Include Area Code):

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Best Number to call: 610-996-7036

Email Address (s): halaxelrod1@msn.com

Tax ID or Social Security Number (For Escrow Account - This must be filled in):

\_\_\_\_\_

5. Interest in Subject Property (Supply copies of relevant documents with this application):

\_\_\_\_ By lease dated: \_\_\_\_\_

\_\_\_\_ By Agreement of Sale Dated: \_\_\_\_\_

By Ownership of property since: 3/31/97

\_\_\_\_ By other Interest in Law (Describe): \_\_\_\_\_

6. If you do not own the subject property, provide the following regarding the owner:

a. Name (s): \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone Number (Include Area Code):

i. Residence: \_\_\_\_\_

ii. Business: \_\_\_\_\_

d. Describe any contingency regarding the purchase or lease of the premises:

i. \_\_\_\_\_  
\_\_\_\_\_

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7. Type of Application Applied for (Check all applicable):

\_\_\_\_ Minor Site Plan

\_\_\_\_ Major Site Plan

\_\_\_\_ Minor Subdivision

\_\_\_\_ Major Subdivision

"C" Variance (s)

\_\_\_\_ Use or Density Variance (s) "D"

\_\_\_\_ Other (Explain): \_\_\_\_\_

\_\_\_\_ Conditional Use Permit

\_\_\_\_ Interpretation

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8. Professionals representing the applicant: (Check applicable professional and provide information)

\_\_\_\_ Attorney: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Architect: Name: Craig Dothe Architect LLC Phone: 609-348-2236

Address: 33 N. Brighton Avenue, Atlantic City, NJ 08401

\_\_\_\_ Engineer: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_ Preparer of Sketch plot or Site Plan: (if different from above)

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

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

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9. If Site plan action is required:

a. Provide on the Site Plan itself a detailed landscape plan, include types of ground materials and vegetation, including sizes and all pertinent information

b. Provide, if applicable, details of finish materials for the building, including and signing or lighting

c. What is present use: \_\_\_\_\_

d. How will this be changed: \_\_\_\_\_

e. Include all current and proposed off-street parking

10. **If Variances are required:**

- a. Note: Properly sealed site plan must show all dimensions relevant to variance analysis
- b. Current use of Lot (s) and/or Building (s): Single family
- c. Proposed use of Lot (s) and/or Building (s): Single family
- d. Number of Bedrooms:
  - i. Current: 4
  - ii. Proposed: 5
- e. Number of Off-street parking:
  - i. Current: 2
  - ii. Proposed: 2
- f. If "D" or "USE" variance is required, Please explain: \_\_\_\_\_
- g. Dimensional Variances (Front, Side, Rear, Lot Coverage, etc.)

Variance Type	Zone requirement	Present Condition	Proposed Condition
<u>See attached</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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11. **Prior Actions:**

- a. Detail any prior hearing and/or decision relevant to this application. Supply date, name of Board, and results. If none, check here: \_\_\_\_\_
  - i. \_\_\_\_\_
- b. Detail any current and prior permits on the property that could be relevant to the application:
  - i. \_\_\_\_\_

12. **County Actions: Provide necessary dates and decisions**

- a. **Site Plan:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. **Subdivision:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. **Other:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Landscaping Plan:** In accordance with article 102-118.4, Applicant must comply with City Landscaping Ordinance. Please include a detailed narrative of the landscaping plans to comply with this article:

*Check here is requesting a waiver. Detail the reason for this waiver*

The existing planetary and landscaping shall remain.

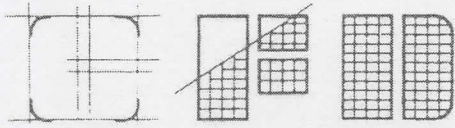
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Ventnor City Zoning Board

14 North Baltimore Avenue

**Question 13**

A waiver has been requested from article 102-118.4 (Landscaping) based on the scope of the project. The existing planters and landscaping shall remain, or be replanted if damaged during construction.

**Question 14**

The existing property known as 14 N Baltimore Avenue is a 1-1/2 story, single family dwelling. The half-story portion of the structure consists of 2 small bedrooms and a bathroom. The proposed scope of work is to demolish everything above the first floor ceiling and utilize the full footprint of the building for a new second floor remodel. This will include a master bedroom suite, deck, central bathroom, two bedrooms and a home office. The proposed modifications will require variances for the Front, Rear and Side Yard Building Setbacks as well as for the Second Floor Deck. A variance will also be required for Lot Coverage, reference attached Zoning Analysis.

# ZONING ANALYSIS

APPLICANT: HAL AXELROD  
 SITE LOCATION: 14 N BALTIMORE AVENUE, VENTNOR CITY, NJ  
 LOT AND BLOCK: LOT 15 & BLOCK 133  
 ZONING DISTRICT: R-4  
 EXISTING USE: 1-1/2 STORY SINGLE FAMILY DWELLING  
 PROPOSED USE: 2 STORY SINGLE FAMILY DWELLING

DESCRIPTION	REQUIRED	EXISTING	PROPOSED
MIN LOT AREA	2,312 SF	2,625 SF	2,625 SF
MIN LOT WIDTH	37.00'	42.00'	42.00'
MIN LOT DEPTH	62.50'	62.50'	62.50'
COVERAGE			
BUILDING	50 %	49.70 %	49.70 %
LOT	75 %	96.94 %   **	96.94 %   *
SETBACKS			
FRONT YARD	12.00'	11.69'   **	11.69'   *
1ST DECK		3.36'   **	3.36'   **
2ND DECK			6.87'   *
REAR YARD	10.00'	9.31'   **	9.31'   *
SIDE YARD	4.00'	12.87'	12.87'
SIDE YARD	4.00'	2.96'   **	2.96'   *
MAX BLDG HEIGHT	35.00'	18'-6"	21'-0" ±
PARKING	5 BED = 3	3	3
EXISTING NON CONFORMITY   **		VARIANCE REQUIRED   *	

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Hal Axelrod				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 N. Baltimore Avenue				Company NAIC Number:	
City Ventnor		State New Jersey		ZIP Code 08406	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 133, Lot 15					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>N39°20'05.7"</u> Long. <u>W74°29'29.5"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1,000</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A8.b <u>1,000</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Ventnor 345326			B2. County Name Atlantic		B3. State New Jersey
B4. Map/Panel Number 345326/0001	B5. Suffix B	B6. FIRM Index Date 06/18/1971	B7. FIRM Panel Effective/ Revised Date 09/15/1983	B8. Flood Zone(s) A8	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 10.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 N. Baltimore Avenue			Policy Number:
City Ventnor	State New Jersey	ZIP Code 08406	Company NAIC Number

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Local BM Vertical Datum: NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.


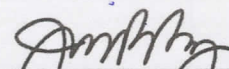
Check the measurement used.

- |   |             |  |
|---|-------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>8.3</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>10.7</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>N/A</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>N/A</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>10.7</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>8.2</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>8.4</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>8.2</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name James R. Boney, PLS	License Number 31264	 <p>Place Seal Here</p>
Title Professional Land Surveyor		
Company Name James R. Boney & Associates, LLC		
Address 13 Stone Mill Court		
City Egg Harbor Twp	State New Jersey	
Signature 	Date 02/16/2020	Telephone (609) 788-8013

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

Building is a one story frame dwelling on a crawlspace. There is two (2) A/C units outside on platforms. All other mechanicals are at or above the finished floor (C2b)

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 N. Baltimore Avenue			Policy Number:
City Ventnor	State New Jersey	ZIP Code 08406	Company NAIC Number

## SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

## SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2018

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 N. Baltimore Avenue			Policy Number:
City Ventnor	State New Jersey	ZIP Code 08406	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front 02/12/20



Photo Two

Photo Two Caption Rear 02/12/20

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14 N. Baltimore Avenue			Policy Number:
City Ventnor	State New Jersey	ZIP Code 08406	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Smart Vent Model 1540-520 (one of five)

Photo Two

Photo Two Caption

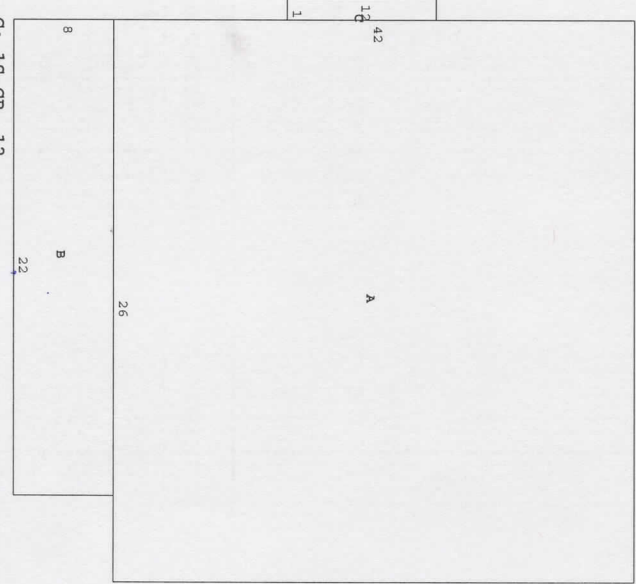



BLK: 133 LOT: 15  
 AXELROD, MARCY AND HAL  
 1969 WEST AVE  
 CONSHOCKEN, PA 19428

CARD 01 OF 01  
 Class: 2 --Curr.  
 Zone: 04 Land: 149,800  
 Map: 24 Impr: 135,200  
 VCS: 115V Net: 285,000

14 N BALTIMORE AVE  
 Values--  
 149,800  
 135,200  
 285,000

VENTNOR CITY  
 --Sales History--  
 00/00/0000

BUILDING DESCRIPTION	FLOOR AREAS	LAND DESC.	UNITS	APPRAISED VALUES (COST APPROCH)
Building Class 17 ONE FAMILY 1SF1G 1.5 STORY / BUNGALOW Built: 1935 Eff Yr: 1995 Fndatn: BLK/CONCRT Roof: GABLE / ASPH SHNGL ExtFin: VINYL Heat: GAS HOTWTR BB 1650 Air: PT. SEPART 1650 IntFin: DRYWALL FlrFin: MIXED Plumb: 3FIX BATH 2 OTHER ITEMS	1st Story 1,104 Upper Stories 0 Half Stories 1,092 Attic Area 0 Basement Area 0 Sq. Foot Living 1,650 ATTACHED ITEMS WOOD DECK 176 DETACHED ITEMS DET. GAR. 200	FRONT FEET SITE VALUE PRIME SFT	42 1 2625	Main Bldg Replacement Cost CCF: 1.30, NetCond: .780, MktAdj: 1.00 * 129,312 Main Bldg Appraised Value = 131,122 Total Detached Item Value + 4,078 Total Improve Value (rounded) = 135,200 Total Land Value + 149,800 TOTAL NET VALUE: 285,000
CONDITION	1.5S FP 1 LOW FOUND 1 UPGRADED KIT 1 * BEDROOMS 3 * BATHROOMS 2.0 * TOTAL ROOMS 7	 <p>A: 1.5S-C 1092 B: WD 176 C: 1S-CR 12</p>		
INT.: GOOD EXT.: GOOD LAYOUT: GOOD INFOBY: OWNER				

⊕ Add ⊖ Edit ✕ Close 🗑 Delete ⏪ Previous ⏩ Next 📄 Detail ✉ Letter 🆘 Help

Notes Exist

Block: 133

Lot: 15

Qualifier:

Owner: AXELROD, MARCY AND HAL

Prop Loc: 14 N BALTIMORE AVE

Account Id: 0000121

Tax Bill

PTIR Form

Restricted Edit

Year	Qtr	Type	Billed	Principal Balance	Interest	Total Balance
2021	2		1,846.09	1,846.09	.00	1,846.09
2021	1		1,846.09	.00	.00	.00
2021		Total	3,692.18	1,846.09	.00	1,846.09
2020	4		1,843.23	.00	.00	.00
2020	3		1,857.49	.00	.00	.00
2020	2		1,841.81	.00	.00	.00

Other Delinquent Balances:

Interest Date: 02/19/21

Interest Date

Interest Detail

Other APR2 Threshold Amt:

Per Diem:

Last Payment Date:

02/01/2021

TOTAL TAX BALANCE DUE

Principal:

.00

Penalty:

.00

Misc Charges:

.00

Interest:

.00

Total:

.00

This is a certification that this property is current,

Margaret Paanonen  
Tax Collector

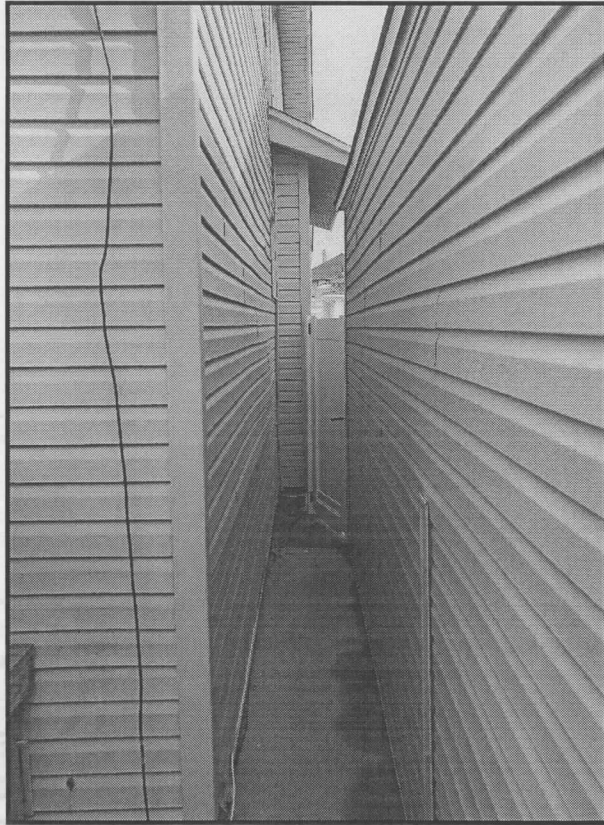
City of Ventnor Tax Office  
6201 Atlantic Ave  
Ventnor, NJ 08406



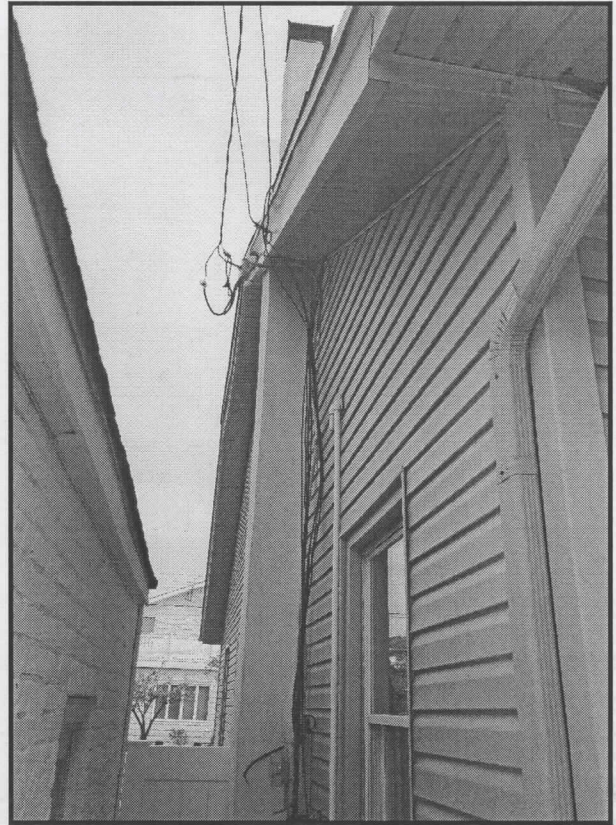
FRONT / LEFT SIDE



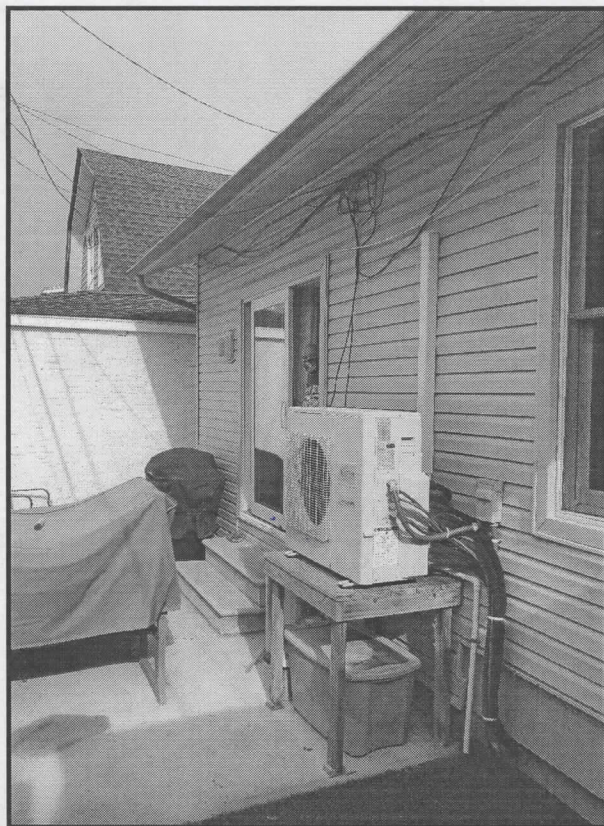
FRONT / RIGHT SIDE



REAR / RIGHT



REAR / LEFT



REAR