



PART I

**SUBJECT PROPERTY:**

Block 140.01 Lot(s) 10.01 Zone CAN-R1C  
Property Location 1345 US Route 1 South, Unit # , North Brunswick  
Size of Property 2400 sq. ft.

**Present Use:**         Residential  Non-Residential  Vacant  
**Proposed Use:**     Residential  Non-Residential    **Specify:** Retail store for consumer health and wellness products

**CONTACTS:**

**Applicant:**         Corporation  Partnership  Individual  
                               Other/Explain Limited Liability Company

Name: Garden State Botanicals, LLC  
Address: 1803 Russett Drive, Cherry Hill, NJ 08003  
Telephone: 908.391.6555 Fax: \_\_\_\_\_  
Email: tom@gsb-nj.com

**Owner (if different from Applicant):**

Name: North Brunswick Route 1, LLC  
Address: 7248 Morgan Road, Liverpool, NY 13088  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Engineer:**    Planner:

Name: John Taikina, PP, All Things Planning & Development, LLC  
Address: 30 Newman Road, Kendall Park, NJ 08824  
Telephone: 732.421.5675 Fax: \_\_\_\_\_  
Email: john@allthingspd.com

**Attorney:**

Name: Rosalind Westlake  
Address: 243 North Union St., Ste 205, Lambertville, NJ 08530  
Telephone: 609.514.5122 Fax: \_\_\_\_\_  
Email: rosalind@westlake-law.com



## PART II

### **Describe the Proposed Development/Request (continue on a separate sheet if necessary):**

Applicant seeks to lease the existing 2,400 sq. ft. space for the operation of a Medical Cannabis Dispensary/Alternative Treatment Center.

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### **VARIANCE(S) REQUESTED (Check all that apply):**

“C” Variance(s):

- C(1) - The strict application of the provisions of Chapter 205 would result in peculiar and exceptional practical difficulties or exceptional and undue hardship.
- C(2) - The purposes of the Municipal Land Use Law would be advanced by a deviation from the zoning ordinance requirements and the benefits of the deviation would substantially outweigh any detriment.

“D” Variance(s):

- D(1) - Use or principal structure in a district restricted against such use or principal structure.
- D(2) - Expansion of a nonconforming use.
- D(3) - Deviation from a specification or standard pertaining solely to a conditional use.
- D(4) - Increase in the permitted floor area ratio.
- D(5) - Increase in the permitted density.
- D(6) - Height of a principal structure exceeds by 10 feet or 10% the maximum height permitted in the district for a principal structure.



**ASSOCIATED APPROVALS REQUESTED:**

**Site Plan:**

- Site Plan
- Amended Site Plan
- Conditional Use

**Subdivision:**

- Minor Subdivision
- Preliminary Major Subdivision
- Final Major Subdivision
- Amended Preliminary Major Subdivision
- Amended Final Major Subdivision

Other (specify): \_\_\_\_\_

**A change to a nonpermitted use** shall require a site plan approval or, as a minimum, a site plan waiver request. Such request may be considered by the Board, and, if granted, will constitute an acknowledgment by the Board that the condition of the property is satisfactory and meets the requirements of Chapter 205. No site plan waiver will be granted if the condition of the property is not satisfactory in such matters as traffic, circulation, access, parking, lighting, setbacks, lot coverage, safety, landscaping, buffer, fire safety, noise or other requirements of Chapter 205

**Is a site plan waiver requested?**  YES  NO

If a site plan waiver is sought, explain why the request shall be granted:

Applicant proposes renting an existing retail space located in an existing shopping center for use as a Medical Cannabis Dispensary/Alternative Treatment Center. There will be no change in the existing approved site plan footprint and there are no site plan or bulk variances requested or required. No design waivers are requested or required.

**Is the application proposed to be bifurcated?**  YES  NO

If bifurcated, identify the nature of subsequent development approvals to be sought:

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**Identify Requested Variances:**

Ordinance Section:	Requirement:	Proposed Deviation:
§205- 92.11(D)	Cannabis Retailer	Medical Cannabis Dispensary/Alternative Treatment Center



§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
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§205-_____	_____	_____

**Identify Requested Design Waivers:**

Ordinance Section:	Requirement:	Proposed Deviation:
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____
§205-_____	_____	_____

**“C” Variance(s) (Check one that applies):**

A variance under N.J.S.A. 40:55D-70.C(1):

Detail your argument for how this case conforms to this requirement, including, if applicable, reference to exceptional narrowness, shallowness or shape of the property, or exceptional topographic conditions or physical features uniquely affecting the property, or extraordinary and exceptional situations uniquely affecting the property or the structures lawfully existing thereon:



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and/or

A variance under N.J.S.A. 40:55D-70.C(2):

Detail your argument for how this case conforms to this requirement: \_\_\_\_\_

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**D Variance(s):**

State special reasons why the refusal to allow the project would impose on the applicant an undue hardship and/or how the proposed project carries out a purpose of zoning as defined in N.J.S. 40:55D-2. Detail your argument for 1) how the proposed use inherently serves the public good, and/or 2) why the property cannot reasonably be adapted to a conforming use, and/or 3) what unique characteristics of the site make it particularly appropriate for the proposed use rather than a permitted use: The NJ Cannabis Regulatory Commission (CRC) classifies the Applicant's operations as a Medical Cannabis Dispensary/Alternative Treatment Center. Under NJSA 40:55D-2(a), the proposed operations will benefit the health and general welfare of the public by allowing registered patients under the care of licensed medicinal practitioners to safely access cannabis-based medicine from regulated and monitored facilities.

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**C and D Variance(s):**

Supply a statement of facts why relief can be granted without substantial detriment to the public good: North Brunswick has adopted an ordinance which allows retailers to sell recreational cannabis-based products. The Applicant has been awarded a permit by the State to operate a Medical Cannabis Dispensary/Alternative Treatment Center which helps registered patients under the care of a licensed medicinal practitioner to safely access cannabis-based medicine from regulated and monitored facilities. This proposed use is carefully regulated by the State and will not cause any detriment to the public good. Supply a statement of facts why relief can be granted without substantial detriment to the intent and purpose of the zone plan and zoning ordinance: There is no detriment because the proposed use is permitted by the State and carefully regulated. The Applicant seeks to locate the Medical Cannabis Dispensary/Alternative Treatment Center in the same area that the Township has determined is appropriate for the sale of other cannabis-based products. As such the proposed use is in conformity with the intent and purpose of the zone plan and ordinance.

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**PART III**

**Has there been any previous application to any Township Board involving these premises?**

YES       NO

If yes, provide file number(s) and state the nature, date and disposition of said mater:

\_\_\_\_\_  
\_\_\_\_\_

**Is public water available?**

YES       NO

If no, how will water service be supplied? \_\_\_\_\_

**Is public sewer available?**

YES       NO

If no, provide proposed method of sewage disposal: \_\_\_\_\_

**Are there any existing deed restrictions, easements or covenants?**

YES       NO

If yes, are copies provided?

YES       NO

**Are any deed restrictions, easements or covenants contemplated?**

YES       NO

If yes, are copies provided?

YES       NO

**Does the owner own or have any ownership interest in any contiguous property?**

YES       NO

If yes, provide type of ownership, address, block and lot(s): \_\_\_\_\_

\_\_\_\_\_

**LIST OF PLANS, REPORTS AND OTHER MATERIALS SUBMITTED:**

Quantity:	Description of Item:
_____	<u>Cannabis Regulatory Commission Final Agency Decision dated December 7, 2021</u>
_____	<u>Cannabis Regulatory Commission Resolution 2022-22 dated May 24, 2022</u>
_____	<u>Correspondence from S. Lemonick, Esq. interpreting Applicant's licensure (w/out attachments)</u>
_____	<u>Lease Exhibit "A" showing Demised Premises</u>
_____	<u>Applicant's Organizational Chart</u>
_____	<u>Applicant's Ownership Disclosure Statement</u>
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**DISCLOSURE OF OWNERS OF CORPORATION OR PARTNERSHIP:**

A corporation or partnership applying to a Board for permission to subdivide a parcel of land into six or more lots, or applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes shall list the names and addresses of all stockholders or individual partners owning at least 10% of its stocks of any class or at least 10% of the interest in the partnership, as the case may be, as required by N.J.S.A. 40:55D-48.1. Applications which do not comply with N.J.S.A. 40:55D-48.1 et seq. will be deemed incomplete.

Name: Patricia Nasshorn Address: 2201 Matts Way, Warrington, PA 18976  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant's Signature: *Manjiv* Date: 7/22/22



**ESCROW FUNDS AGREEMENT:**

The Municipal Land Use Law (N.J.S.A. 40:55D-1 et seq.) authorizes the collection of Technical Review Escrow Fees to cover the costs incurred by the Township for professional services involved in the review of land use development applications. Subsection 205-139 of the North Brunswick Township Land Use Ordinance establishes the amount of Technical Review Escrow Fees and the procedures for collecting and replenishing same. I hereby acknowledge and agree to the following: 1) I am responsible for the cost of all reasonable professional services rendered to the Planning Board or Board of Adjustment during the review and processing of my development application. 2) If I receive a written Deficiency Notice from the Chief Financial Officer or his/her designee (CFO) that the balance of funds remaining in the account is insufficient to cover invoices, vouchers or bills submitted to the Township for services which have already been performed, no further consideration, review or processing of the application will be permitted until such time as the funds requested in the Deficiency Notice have been deposited, and this cessation of work could result in carrying my application to the next regularly scheduled public meeting of the designated land use agency. 3) Failure to deposit the amount requested in the Deficiency Notice within ten days of receipt shall toll the period for action by the Planning Board or Board of Adjustment as stipulated in N.J.S.A. 40:55D-1 et seq., and shall bar me from seeking a default approval under N.J.S.A. 40:55D-10.4. 4) Failure to post funds requested in the Deficiency Notice within 45 days shall be grounds for dismissal of my application without prejudice, and I acknowledge that failure to pay the shortfall shall result in the shortfall being deemed a lien on the property which is subject of the land development application. 5) In the event that my application is approved and a Deficiency Notice is received after the approval is memorialized, failure to pay the shortfall amount shall be grounds for voiding the approval. 6) In the event that my application is denied and a Deficiency Notice is received after the denial is memorialized, I am still obligated to pay any shortfall amount, and I acknowledge that failure to pay the shortfall shall result in the shortfall being deemed a lien on the property which is subject of the land development application.

Applicant's Signature: *Neil Goldberg* <sup>*Manager*</sup> Date: *7/22/22*  
*7-19-22*

Owner's Signature (if different from Applicant): \_\_\_\_\_ Date: \_\_\_\_\_  
Neil Goldberg, Manager





**SITE INSPECTION AUTHORIZATION**

I hereby give permission for North Brunswick professional staff or municipal agencies and their agents to come upon and inspect these premises with respect to this application.

Owner's Signature: Neil Goldberg Date: 7-19-22  
Neil Goldberg, Manager

**APPLICANT'S CERTIFICATION:**

I, Thomas Murzenski, of full age, being duly sworn according to law and upon my oath, depose that: I reside at 19 Glen Eagles Rd, Washington in the County of Warren and State of NJ, and that the above statements contained in this application and in the papers appended thereto are true. I further certify that I am the individual applicant, or a general partner of the partnership applicant, or an officer of the corporate applicant, and I am authorized to sign the application for the partnership or corporation.

Thomas Murzenski  
SIGNATURE

Sworn to and subscribed before me this 22 day of July, 2022

Susan E. Netherland  
NOTARY PUBLIC

Susan E. Netherland  
NOTARY PUBLIC  
State of New Jersey  
My Commission Expires 7-5-25

**OWNER'S CERTIFICATION (If the owner is a corporation, this section must be signed by an authorized corporate officer. If the owner is a partnership, this section must be signed by a general partner):**

I, Neil Goldberg, of full age, being duly sworn according to law and upon my oath depose that: I reside at 7248 Morgan Road, Liverpool in the County of Onanadaga and State of New York, and that the above statements contained in this application and in the papers appended thereto are true. I further certify that I am the owner in fee of all that certain lot, piece or parcel of land



situated, lying, and being in the municipality aforesaid, and known and designated as Block(s) 140.01 and Lot(s) 10.01,

and that I am either the applicant or I have authorized the applicant to make this application, and I agree to be bound by the application, the representations made and the decision in the same manner as if I were the applicant, subject to the express limitation that I am bound only to abide by the site requirements and not the use variance requirements that may arise out of the application, representations and decision of the Board.

Neil Goldberg  
SIGNATURE  
Neil Goldberg, Manager

Sworn to and subscribed before me this 19 day of

July, 2022

Jonathan M. Ream  
NOTARY PUBLIC

JONATHAN M. REAM  
Notary Public - State of New York  
Qualified in Onondaga County  
Registration No. 02RE6243594  
Commission Expires June 20, 2023