May 13, 2019

TO: Bureau of Planning and Zoning

FROM: Engineering Division

SUBJECT: Application Number – P-12-19 (Also Z-05-19)
703 & R703-727 Spring Street
Date Filed: 4-15-19

The Division of Engineering has reviewed the plans submitted for the above-referenced project and has the following comments:

- Proposed development shall comply with the applicable requirements of the City of Elizabeth Flood Prevention Damage Ordinance No. 3832 and Municipal Storm Water Control Ordinance No. 3844.

- The pre-construction runoff rates in Table 2 do not appear to be consistent with the pre-construction runoff rates shown in Table 5. The run-off to Spring Street appears to be dramatically increasing from the pre-construction condition. The proposed run-off rate reductions need to be met at each point of analysis and for each storm event.

- No calculations or verification documentation was provided related to the TSS removal discussed in the report text. The applicant must document that they are meeting the water quality criteria required in the Storm Water Control Ordinance.

- The applicant needs to calculate the capacity of the existing sewer that the on-site stormwater management system will connect to for the 25-year storm and verify that it can convey the on-site stormwater.

- Any existing sewers or drains either inside buildings to be demolished or in parking areas that will no longer be needed must be properly sealed and abandoned.

- Proposed development shall comply with applicable NJDEP Regulations N.J.A.C. 7:14A-22.

- Proposed development shall comply with applicable Joint Meeting of Essex and Union Counties Rules and Regulations as modified July 17, 2010, or latest revision.

- All applicable permits shall be obtained from this Department prior to construction.

- Spring Street is U.S Highway #1 & 9, consult the NJDOT for any additional requirements.
• All site work within the public right-of-way shall comply with the latest NJDOT details and specifications.

DJL
Application for Board Action Planning Board  
Zoning Board  
Date Revised / / * Hearing Date _____20____ Received By MRS or MIT

Request for Recommendations
Department Head or Agency Reply  
Please print comments/initials clearly!

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New Jersey Department of Transportation  
Initials ________

County  Union County Division of Planning & Development  
Municipal City Engineering Division  
City County Health Department  
Department of Planning & Community Development  
Police Department  
Construction Bureau  
Public Works Department  
Recycling Coordinator  
Fire Department Director  
Housing Department  
SID-EAP/MESID, (If applicable)

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Return to Bureau of Planning & Zoning by ___/___/___, or mail to:
Department of Community Development
Bureau of Planning & Zoning-Room #403
50 Winfield Scott Plaza
Elizabeth, NJ 07201-Attn: Marta Rivera-Sullivan, LUA/Principal Planning Aide

Applicant:  
Name  
Address

Recommended  
Recommended with conditions  
Not Recommended  

Comments:

None

Conditions stipulated for approval as follows:

Attachments  
Yes ______  
No ______

• Note: If additional space is need for comments, attach additional page(s)
• Please print
• All information must be clearly initialed or signed
Application for Board Action Planning Board 
Zoning Board 

Date Revised: ____ / ____ / ____  Hearing Date: ____, 20_ 

Request for Recommendations
Department Head or Agency Reply 
Please print comments/initials clearly!

New Jersey Department of Transportation 
County: _____________ 

County Division of Planning & Development 
Municipal: _____________ 

City Engineering Division 
Health Department 

Department of Planning & Community Development 
Police Department 

Construction Bureau 
Public Works Department 

Receiving Coordinator 
Fire Department Director 

Housing Department 
SID-EAP/MESID, (If applicable):

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Bureau of Planning & Zoning-Room #403 
50 Winfield Scott Plaza 
Elizabeth, NJ 07201-Attn: Marta Rivera-Sullivan, LUA/Principal Planning Aide

Applicant: 
Name: ___________________ Address: ___________________

Recommended: _______ Recommended with conditions: _______ Not Recommended: _______

Comments:

Open Air Storage of autos not allowed: Discussed with owner, yet moved cars into lot after being told not to. Expanded illegal use to neighboring lot.

Conditions stipulated for approval as follows:

Attachments: _______ Yes: _______ No: _______

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Application for Board Action

Planning Board

Zoning Board

Application # Z-05-19

Date Revised ___/___/___* Hearing Date _____/20___ Received By MRS or MIT

Request for Recommendations

Department Head or Agency Reply Please print comments/initials clearly!

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New Jersey Department of Transportation

County

Union County Division of Planning & Development

Municipal

City Engineering Division

Health Department

Department of Planning & Community Development

Police Department

Construction Bureau

Public Works Department

Recycling Coordinator

Fire Department Director

Housing Department

SID-EAP/MBID, (If applicable)

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Department of Community Development

Bureau of Planning & Zoning-Room #403

50 Winfield Scott Plaza

Elizabeth, NJ 07201-Attn: Marta Rivera-Sullivan, LUA/Principal Planning Aide

Applicant: 403R+705/703-72 Spring St - Spring St Development Corp

Name

Address

Recommended ___ Recommended with conditions ___ Not Recommended ___

Comments:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Conditions stipulated for approval as follows:

__________________________________________________________________________________________

__________________________________________________________________________________________

Attachments Yes ___ No ___

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Application for Board Action Planning Board Application # Z-05-19
Zoning Board X Date Filed

Date Revised / / * Hearing Date 20 Received By MRS or MIT

Request for Recommendations
Department Head or Agency Reply Please print comments/initials clearly!

New Jersey Department of Transportation Initials

County Union County Division of Planning & Development
Municipal City Engineering Division
Health Department
Department of Planning & Community Development
Police Department
Construction Bureau
Public Works Department
Recycling Coordinator
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Elizabeth, NJ 07201-Attn: Marta Rivera-Sullivan, LUA/Principal Planning Aide

Applicant: 403 R+ 705/703 72 SPRING H - SPRING ST Development Apl
Name Address

Recommended Recommended with conditions Not Recommended

Comments:


Conditions stipulated for approval as follows:


Attachments Yes No

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Application for Board Action Planning Board Application # Z-05-19
Zoning Board Date Filed

Date Revised / Hearing Date 20 Received By MRS or MIT

Request for Recommendations

Department Head or Agency Reply Please print comments/initials clearly!

New Jersey Department of Transportation Initials
County
Municipal

Union County Division of Planning & Development
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Elizabeth, NJ 07201

Applicant:

Name Address

Recommended Not Recommended

Comments:


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