

APPLICATION NUMBER: \_\_\_\_\_

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Subdivision          | <input type="checkbox"/> Use Variance                | <input type="checkbox"/> Appeal                      |
| <input type="checkbox"/> Major                | <input checked="" type="checkbox"/> Conditional Use  | <input type="checkbox"/> Concept Design              |
| <input type="checkbox"/> Minor                | <input type="checkbox"/> Variance                    | <input type="checkbox"/> Site Plan Review Waiver     |
| <input checked="" type="checkbox"/> Site Plan | <input checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Sketch Plat Review/Informal |
| <input type="checkbox"/> With Bulk Variances  |  |  |

**APPLICANT INFORMATION:**

**NAME:** Summit Wellness, LLC

**ADDRESS:** 3301 Royal Oak Ct  
Ellicott City, MD 21043

Phone: 443-756-5196 Fax: \_\_\_\_\_ Email: shahkb1@gmail.com

Are you the Owner of the Property (If no, please complete below):  YES  NO

**OWNER OF PROPERTY:** KDSP Holdings NJ, LLC

**OWNER'S ADDRESS:** 3301 Royal Oak Ct  
Ellicott City, MD 21043

**EMAIL ADDRESS:** shahkb1@gmail.com

**LAND INFORMATION:**

**STREET ADDRESS:** 1002 Mantua Pike

Block: 40.05 Lot: 11 Plate: \_\_\_\_\_

**(FORM 2)**

Current Zoning: Highway Commercial Current Use: commercial

Lot Size: 0.6 acres Proposed: \_\_\_\_\_

Depth: 150' Proposed: \_\_\_\_\_ (For purpose of subdivision)

Size of Buildings: +/- 3,802 SF Proposed: +/- 3,802 SF

**PROPOSED IMPROVEMENTS:**

On Site: Interior fit-out.

Off Site: \_\_\_\_\_

Purpose of Application: Applicant seeks preliminary and final site plan approval with conditional use approval for the purpose of converting and existing commercial building to the commercial retail use of Class 5 cannabis retail in accordance with New Jersey State law.

**ATTORNEY:**

Name: Alison Reynolds, Esq. and Heather Kumer, Esq.

Firm: Kumer & Hopper Law

Address: 1 N. Johnston Ave., Ste. A320, Hamilton, NJ 08609

Phone: 609-200-1294 Fax: \_\_\_\_\_ Email: Alison@Kumerlaw.com; He

**PLAN DESIGNER:**

Name: John Descano and Robbie Conley

Firm: Robbie Conley Architect, LLC

Address: 596 Glassboro Road, Woodbury Heights, NJ 08097

Phone: 856-845-7500 Fax: 8568530528 Email: jdescano@robbieconleyarchitect.com

List any materials and/or maps accompanying this application:


Site Plan prepared by Robbie Conley Architect, LLC dated March 24, 2023; Survey prepared by Leeper Land Group, LLC; materials showing support with the Article VI, Section 70-33.G of Woodbury Heights municipal code.



Full Size Plans have been delivered to The Board Engineer, Planner & Solicitor (Page 16).

(FORM 3)

I certify that all of the information contained in this application is true, to the best of my knowledge. I know that I am subject to punishment if any information is willfully false; I further agree to pay all reasonable cost for professional review of this application and for any inspections of any improvements.

BY:   
(Signature of Applicant)

NAME: Kalpesh Shah  
(Print or Type)

**\*If the applicant is not the owner of the property, have the owner sign the consent below 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 \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Owner's name printed or typed)

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

**CORPORATE APPLICANTS ONLY**

**DISCLOSURE STATEMENT**

Pursuant to N.J.S.A 40:55D-48.1, the names and addresses of all persons owning 10% of the stock in a corporate applicant or 10% interest in any partnership applicant must be disclosed. In accordance with N.J.S.A. 40:55.2, that disclosure requirement applies to any corporation or partnership which owns more than 10% interest in the applicant followed up the chain of ownership until the names and addresses of the non-corporate stockholders and partners exceeding the 10% ownership criterion have been disclosed.

Name Kalpesh Shah Interest (%) 95

Address 3301 Royal Oak Court, Ellicott City, MD 21043

Name Amritraj Singh Interest (%) 5

Address 13 Thorn Briar Lane, Burlington, NJ 08016

Name \_\_\_\_\_ Interest (%) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Interest (%) \_\_\_\_\_

Address \_\_\_\_\_


(Attach pages if necessary to fully comply)

AFFIDAVIT OF OWNERSHIP FOR COUNTY  
MUST BE COMPLETED AND RETURNED WITH NOTICE

1. Name of Company/Organization: Summit wellness, LLC
2. Is Company a Corporation? Company
3. Name of State where Incorporated: NJ
4. Is Company a Partnership? no

PLEASE LIST ANY AND ALL INDIVIDUALS WHO ARE OWNERS (FULL OR PART) OF THE COMPANY/ORGANIZATION AND IF A NON-PROFIT ORGANIZATION, PLEASE LIST ALL BOARD MEMBERS.

Name	Address	Title
Kalpesh Shah	3301 Royal oak Ct. Ellicott City, MD 21043	managing member
Amitraj Singh	13 Thorn Briar Ln. Burlington, NJ 08016	member

 Member  
Signature and Title

Kalpesh Shah, member  
Print Name and Title

**FEE SCHEDULE:**

Please refer to Borough Ordinance 10-2008, which is included as part of this package. All fees are due at the time that the application is filed. **Separate checks must be presented for the escrow fees and the application/publication fees.** Both checks should be made payable to **“The Borough of Woodbury Heights”**.

All escrow accounts are held in trust by the Borough of Woodbury Heights in the applicant's name and tax identification number (or social security number).

**DIRECTIONS:**

Fill in the following information:

**CLIENT NAME:** Summit Wellness, LLC  
(Should be the name in which the application was filed.)

**ADDRESS:** 3301 Royal Oak Ct, Ellicott City, MD 21043  
(Address of the applicant)

**APPLICANT'S DOB:** \_\_\_\_\_  
(If Applicable)

**TAX ID NUMBER:** 92-2144115  
(Corporate TIN or social security number for individuals)

**TAX PAYER'S SIGNATURE:** \_\_\_\_\_  
(Signature of the applicant)

**\*The bank requires a W-9 be completed and submitted with any initial escrow fees. Please include form with the submission of the fees to the Board with the application.**

**APPLICATION FEES ARE NON-REFUNDABLE**

In the event the escrow amount posted by the Applicant as required is not sufficient to cover professional charges incurred, then the applicant shall pay the amount required over and above the previously posted escrow. No zoning or building permits, certificates of occupancy or any other types of permits will be issued in respect to the application until all bills have been paid.

I have read the above paragraph and agree with the conditions therein.

**APPLICANT:**  3/10/23  
Signature Date

(FORM 12)

**AGREEMENT OF ESCROW BETWEEN  
APPLICANT AND BOROUGH OF WOODBURY HEIGHTS**

APPLICATION FEES ARE NON-REFUNDABLE

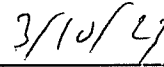
In the event the Escrow amount posted by the Applicant as required by the Borough of Woodbury Heights is not sufficient to cover Professional charges incurred by the Borough of Woodbury Heights or its professionals for such application, then the Applicant shall pay the amount required which is over and above funds previously posted and/or collected and shall not receive any approvals or permits from the Borough until such fees are **paid in full**. No zoning permits, building permits, certificates of occupancy or other types of permits may be issued with respect to any approved application for development until all bills for professional services have been paid by the Applicant and/or developer.

I have read the above paragraph and agree with the conditions therein.

APPLICANT:



\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date