(FILE ORIGINAL AND 11 COPIES)
(D Variance file Original and 12 copies)

TOWNSHIP OF MORRIS
BOARD OF ADJUSTMENT

APPLICATION FOR HEARING

EXPERT TESTIMONY PROPOSED
- [x] PLANNER
- [ ] ENGINEER
- [ ] TRAFFIC CONSULTANT
- [ ] REAL ESTATE AGENT
- [ ] OTHER (Please specify) _____

APPLICANT NAME Health Compass Hub LLC
PROPERTY IN QUESTION ADDRESS 44 Canfield Road
BLOCK (S) 8104 LOT (S) 24 ZONE RA-15
PHONE # 973-524-9361 FAX # _____ EMAIL jackiefontana13@gmail.com

1. An application is hereby made for hearing and action by the Board of Adjustment pursuant to:

- [ ] R.S. – 40:55D-70 (a) Appeals from the determination of an Administrative Officer.
- [ ] R.S. – 40:55D-70 (b) Interpretation of the Zoning Map or Special Question.
- [ ] R.S. – 40:55D-70 (c) Bulk, Area & Yard Variance
- [x] R.S. – 40:55D-70 (d) Use Variance
- [ ] R.S. – 40:55D-70 (d) 76-1 Buildings in bed of mapped street, drainage way or flood basin.
- [ ] R.S. – 40:55D-70 (d) 36 Building adjacent to an unimproved street.

Other _____

***Note: all "D" Variances must provide a Certified Shorthand Reporter.**

So as to permit (explain) see attached supplemental statement

2. Check one whichever **is** applicable:

- [ ] This application is based on the decision rendered by the Zoning/Administrative Officer dated _____and attached to this application.

- [x] This is an original application for development and not an appeal from the Administrative Officer.

3. Relief is requested from Section (s) 95-37(C) 1 - 14 of the Zoning Ordinance.

4. The applicant asserts that the reasons for the Board to grant the relief requested and the specific facts upon which the reasons are based are: see attached supplemental statement

5. The specific facts which show the relief sought can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Zone Plan and Zoning Ordinance. See attached supplemental statement

6. There (has) (has not) been previous application to the Board of Adjustment involving the premises in question. If so, the date, character of request and dispositions were: _____

DESCRIPTION OF THE PROPOSED STRUCTURE OR USE

7. Premises affected is known as Lot (s) 8104, Block (s) 24 on the Tax Map and located at 44 Canfield Rd

Applicant name Health Compass Hub LLC

Address 44 Canfield Road, Morristown, NJ 07960

Phone # [redacted] Fax # _____

Email [redacted]

Owner of Property in question _____

Address _____

Phone # _____ Fax # _____

Email _____

***Consent of owner submitted on separate sheet? ■YES ☐NO**

Please complete **all** of the following information to complete your application.

Zoning Designation	RA-15
Proposed structure or use	single-family residential with home office
Last previous occupancy? (Residential/Commercial)	residential
Are there municipal water and sewerage systems?	yes
Date of acquisition/purchase of property	
Date property was purchased	
Does applicant or owner own or have under contract to purchase any adjoining lands? If so, set forth lot (s) and block (s):	NO
DIMENSIONS OF LOT (ft.)	
Size of lot (square ft.)	37,043
Front Width	133.37
Average Width	
Average Depth	
YARD DIMENSIONS (SETBACKS)	
Prevailing front yard setbacks of adjoining lots within block	
Existing: Front yard depth (ft.)	99.30
Proposed: Front yard depth (ft.)	99.30
Existing: Rear yard depth (ft)	
Proposed: Rear yard depth (ft)	
Existing: Side yard widths 33.12 & 38.11 ft.	71.23 ft. combined
Proposed: Side yard widths 33.12 & 38.11 ft.	71.23 ft. combined
CORNER LOTS ONLY (next question)	
Existing: Side yard width abutting a side street on a corner lot (ft.)	
Proposed: Existing: Side yard width abutting a side street on a corner lot (ft.)	
SIZE OF STRUCTURE	
Front (width) (ft.)	
Depth (ft.)	
Percentage of lot occupied by buildings	
Height of building _____ stories and ft.	

8. This application (is) IS (is not) accompanied by a separate application for subdivision __; site plan; conditional use X approval. **If you have checked "is" the appropriate checklist must accompany your application.*

9. Attached are the following:

Note: One (1) original copy of the following documents shall be submitted with the original application for development:

- Original signed and sealed survey showing the proposed location of the structure requiring a variance.
- BOA Checklist
- Owner's consent for filing application (where applicable)
- Developers Escrow Agreement
- Site Inspection Consent
- Retention of applicant exhibits
- Certification that Taxes are Paid
- List of Property Owners within 200 ft.
- Letter of Denial from Zoning Officer (including plan or survey denied by Z.O.)
- Plans – clearly indicate existing buildings and proposed buildings and or additions with accurate front, side and rear yard dimensions. Note that if the property in question is a corner lot, two (2) front yard setbacks shall be observed.

Original and Eleven (11) copies (12 copies for a D Variance) (put together in individual packets) of the following shall be submitted with a complete application for development.

- Completed application
- Letter of Denial from Zoning Officer (including plan or survey denied by Z.O.)
- Plans – clearly indicate existing buildings and proposed buildings and or additions with accurate front, side and rear yard dimensions. Note that if the property in question is a corner lot, two (2) front yard setbacks shall be observed.
- Copy of area map
- Site inspection consent form
- Retention of applicant exhibits
- Any supporting documentation (including architectural drawings, photographs, brochures, etc.)

The undersigned applicant or agent for the applicant certifies that the application has been reviewed and the contents thereof are true to the best of his or her knowledge.

Date 6/4/2026

[redacted]

Signature of Applicant, Attorney or Agent for Applicant **(Please print name below)**

[redacted]

APPLICANT: **Health Compass Hub LLC**
PROPERTY: **44 Canfield Road**
BLOCK 8104, LOT 24
ZONE: **RA-15 (Single Family)**

STATEMENT OF PRINCIPAL POINTS

The applicant, Health Compass Hub LLC (the "Applicant"), has filed the within D(3) conditional use variance application in connection with the property located at 44 Canfield Rd, Morristown, NJ, further identified as Block 8104, Lot 24 on the Tax Maps of the Township of Morris (the "Property" or the "Site"). The Site is in the Township's RA-15 (Single-Family) Zone and is improved with a single-family dwelling.

Applicant is seeking to occupy 330 square feet of their single-family dwelling to operate an in-home office for her nutrition consulting business. Applicant will have clients visiting on-site. Client visits will be by appointment only and no more than 1 client at a time. In-home offices are permitted conditional uses in the RA-15 zone. Applicant does not meet all the conditions for the conditional use, thus a D(3) conditional use variance is required.

The benefits of granting the Application outweigh any perceived detriments. The Property is well suited to handle the proposed improvements, which will not encroach upon the neighboring properties or negatively impact their light, air and/or open space. The Applicant will provide the necessary testimony demonstrating that the Application may be granted without negative impact to the neighboring properties or zone district. For these reasons, as well as those that may be introduced at the public hearing on this matter, the Applicant respectfully request that the Board grant the relief sought herein.