



Township of Evesham.

<https://evesham-nj.org/departments/construction>

984 Tuckerton Road • Marlton • NJ 08053 • 856-983-2900 • Township Code Book: <https://www.ecode360.com/EV0481>

Land Development Application Form

The application must be filed with the board **at least 20-days prior** to the hearing date.

Application Fee is Nonrefundable.

Application Fee (94-10): _____

Escrow (initial deposit): _____

Date received: _____

PB or ZBA #: P 26-05

HPC App #: _____

APR 17 2026

If you are not familiar with the [Township Zoning Code \(Ch. 160\)](#), please see the Township Administrative Officer for assistance or visit the Community Development webpage:

<http://www.evesham-nj.org/index.php/forms-comm-dev> or

[Application Checklists: Attachments to Chapter 94 Land Use Regulations](#)

1. SITE INFORMATION

ZONE DISTRICT: Medium Density

Property Address: 99 East Main Street

Block/s: 26 Lot/s: 6

Development Name: Wiley Christian Communities Home Owners Association YES ☐ NO ☐

Is the property within the Pinelands. YES ☐ NO ☒

Present Use: independent living

Proposed Use: no change

Proposed Development Name: no change

Proposed Number of Phases of Construction: 1

2. APPLICANT & OWNER INFORMATION

Applicant Name: Wiley Mission Inc.

Mailing Address: 99 East Main Street, Marlton, NJ 08053

Phone #: 856-983-0411 Email: gfgilmore@wileymission.org

Form of Ownership: ☐ Individual ☐ Partnership ☒ Corporate
☐ Government ☐ Nonprofit ☐ Utility

If applicant is not the owner, state applicant's authority to bring this application and specific interest in application (i.e. agent for owner, equitable interest, agreement of sale): _____

Property Owner Name: Same as applicant

Property Owner Address: _____

Phone #: _____ Email: _____

Form of Ownership: ☐ Individual ☐ Partnership ☒ Corporate
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3. APPLICATION TYPE: Check as many items as applicable.

- ☒ Bulk Variance/s ☐ Use Variance ☐ Conditional Use ☐ Informal/Concept Review
☐ Appeal of Decision ☐ Site Plan Waiver ☐ Interpretation of Zoning Map or Ordinance
☐ Waiver of Development Standard ☐ Submission Waiver ☐ Other _____

Subdivision Application:

- ☐ Minor Subdivision ☐ Major Sub. Preliminary ☐ Major Sub. Final
_____ Total Number of lots to be created _____ Total Proposed Dwellings

☐ Amend Prior Subdivision Approval/s: Please provide copies of the prior resolutions of approval and any supplemental information. _____

Site Plan Application:

- ☐ Minor Site Plan ☐ Preliminary Major Site Plan ☐ Final Major Site Plan

☒ Amend Prior Site Plan Approval/s: Please provide copies of the prior resolutions of approval and any supplemental information. See application rider

4. ROADWAY JURISDICTION:

- ☐ NJ State ☒ County Route ☐ Municipal Road

5. PROPERTY DIMENSIONS:

a. Total Area in square feet or acres: 52.3 ac

b. Frontage in feet: ± 1,318 ft

c. Corner property: Yes ☐ or No ☒

6.A. SUBDIVISION INFORMATION:

- Number of proposed lots: _____
- Average lot size in square feet or acres: _____
Proposed: _____ Required: _____
- Average Street Frontage: _____
Proposed: _____ Required: _____
- Will any new streets be created? Yes ☐ No ☐
- Purpose of Subdivision:
Residential ☐ Industrial ☐ Mixed Use ☐ Commercial ☐
Office ☐ Agriculture ☐ Other (Describe): _____



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7. UTILITIES: (Complete if subdivision and/or site plan are requested)

- a. What is the present source of potable water? Well ☐ Municipal ☒
- b. Is the present water source adequate to service the proposed development? Yes ☒ No ☐
- c. If the present water source is not adequate, how will the development receive potable water? _____
- d. Is municipal water service capacity presently available? Yes ☒ No ☐
- e. Has application been made for municipal water connection permits? Yes ☐ No ☒

If yes, how many _____ and when _____

- f. Will an existing well be used? Yes ☐ No ☒
- g. Are any new wells to be used? Yes ☐ No ☒
- h. Has the potability of the well water been certified? Yes ☐ No ☐
- i. Is the property serviced by municipal sewer? Yes ☒ No ☐
- j. Will the development require additional sewer lines? Yes ☐ No ☒
- k. Can the existing connection service the development? Yes ☒ No ☐
- l. Is sewer capacity presently available? Yes ☒ No ☐
- m. Has application been made for municipal sewer connection permit(s)? Yes ☐ No ☒

If yes, how many _____ and when _____

- n. Have any municipal water connection permits been obtained? Yes ☐ No ☒
- If yes, how many _____ and when _____
- o. Have any municipal sewer connection permits been obtained? Yes ☐ No ☒
- p. Is there any existing septic system? Yes ☐ No ☒
- q. Can the existing septic system service the development? Yes ☐ No ☐
- r. Is a new septic system proposed? Yes ☐ No ☒

If yes, state the type:

☐ Conventional
☐ Alternative

☐ Waterless toilet w/ gray water
☐ Other (describe) _____

- s. Has application been made for an on-site septic system(s)? Yes ☐ No ☒
- If yes, how many _____ and when _____
- t. Has the application been approved? Yes ☐ No ☐
- If yes, and when _____

u. Gas: (check)

Natural ☒ Proposed ☐ Existing ☒
Propane ☐ Proposed ☐ Existing ☐

Electric: (check)

Above ground ☐ Proposed ☐ Existing ☐
Below ground ☒ Proposed ☐ Existing ☒

Zoning Schedule

ZONE REQUIREMENTS FOR SENIOR CITIZEN HOUSING/LIFE CARE/ASSISTED LIVING FACILITIES:

	REQUIRED	PROPOSED
MINIMUM TRACT SIZE	5 ACRES	52.3 ACRES
MAXIMUM RESIDENTIAL DENSITY/GROSS AREA	4.5 UNITS	2.7 UNITS
MAXIMUM BUILDING HEIGHT	30 FT	<30 FT
MINIMUM RECREATIONAL AREA/DWELLING UNIT	250 SF	>250 SF
MAXIMUM NURSING CARE UNITS	85 UNITS	67 UNITS
MAXIMUM IMPERVIOUS COVER	50%	29.5%

PARKING SCHEDULE

CURRENT NUMBER OF SPACES=196

	<u>REQUIRED</u>	<u>PROVIDED</u>
NURSING HOME:		
1 SPACE/4 BEDS x 67 BEDS=	17 SPACES	
1 SPACE/EMPLOYEE x 75 EMPLOYEES=	75 SPACES	
RESIDENTIAL HEALTH CARE (ASSISTED LIVING)		
1 SPACE/3 BEDS x 45 BEDS=	15 SPACES	
CHURCH:		
1 SPACE/3 SEATS x 400 SEATS=	133 SPACES	
SUBTOTAL=	240 SPACES	196 SPACES *
BANKED PARKING SPACES=		57 SPACES
TOTAL=		253 SPACES *

NOTE:

- * DOES NOT INCLUDE EXISTING INDEPENDENT LIVING UNITS OR PRIVATE RESIDENCES WHERE PARKING REQUIREMENTS HAD PREVIOUSLY BEEN ESTABLISHED. INCLUDES 10 ACCESSIBLE PARKING SPACES. SEVEN (7) SPACES ARE REQUIRED PER ADA REQUIREMENTS.

HONEYSUCKLE COURT

	<u>REQUIRED</u>	<u>PROVIDED</u>
GARDEN APARTMENT (RSIS):		
1.8 SPACES / 1 BEDROOM x 10 =	18 SPACES	
2.0 SPACES / 2 BEDROOMS x 6 =	12 SPACES	
	30 SPACES	19 SPACES **

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	<u>REQUIRED</u>	<u>PROVIDED</u>
GARDEN APARTMENT (RSIS):		
1.8 SPACES / 1 BEDROOM x 6 =	11 SPACES	
2.0 SPACES / 2 BEDROOMS x 10 =	20 SPACES	
	31 SPACES	20 SPACES **

NOTE:

- ** PARKING VARIANCE REQUESTED.



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9. VARIANCES: Complete for variance applications. **Public Notice (15-16) must be completed by the applicant in compliance with the requirements of the New Jersey Municipal Land Use Law. A copy of the public notice and proof of service are required.**

A. Briefly describe each variance requested and provide Zoning Code Section from which relief is being sought: See attached application rider.

B. If a "d" variance is requested, what are the special reason(s) which support your application: (This type of variance can only be heard by the Zoning Board of Adjustment) _____

C. If a "c" variance is requested, what are the exceptional property conditions which prevent you from complying with the zoning ordinance? _____

D. If a "c" variance is requested and you contend there are no exceptional property conditions, how will the Municipal Land Use Act be advanced if the variance were to be granted and how would the benefits of a variance outweigh any detriment? _____

E. Supply a brief statement of facts showing why the requested variance can be granted without substantial detriment to the public good and without substantial impairment to the intent and purpose of the Township's zoning plan and zoning ordinance: _____

10. WAIVERS: (Complete if waiver/s requested) Attach additional pages if necessary.

A. Subdivision or Site Plan Filing: Briefly describe each filing requirement (submission) waiver you are seeking: See checklist/application rider.



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B. Subdivision or Site Plan Filing: Briefly describe each Design Standard Waiver you are seeking:

11. INTERPRETATION - APPLICATION: For Zoning Board of Adjustment only.

Attach a statement of contentions and provide Code Section(s) in question.

12. APPEAL DECISION OF ZONING OFFICER OR BUILDING INSPECTOR - APPLICATION:

Attach a statement which includes the following: (1) Description of the order, determination or decision being appealed (hereinafter called "adverse ruling"), (2) Name and Title of enforcing officer, (3) Date adverse ruling was issued, (4) Date applicant received adverse ruling, (5) Why you allege the adverse ruling is in error, (6) The relief you are seeking, and (7) If the adverse ruling is upheld, do you request that a variance be considered?

13. OTHER AGENCIES OR PRIOR APPROVALS REQUIRED:

Agency	Yes or No	Date Submitted
A. <u>Burlington County Planning Board</u>		
B. <u>Burlington County Soil Conservation</u>		
C. <u>Pinelands Commission</u>		
D. <u>NJ Department of Transportation</u>		
E. <u>NJ Department of Environmental Protection</u>		
F. <u>Other: (Describe)</u>		

14. SUBMISSION ITEMS: Plans, surveys, reports, & other items included with application.

Item/Exhibit	Date/Last Revision	Prepared By
<u>See attached cover letter.</u>		

15. SUPPLEMENTAL INFORMATION:

A. Have there been any previous applications for this property filed with the Planning Board or Zoning Board?

Planning Board: Yes ☒ No ☐ Zoning Board: Yes ☐ No ☒

If yes, state the nature, date and disposition of each prior application: See application rider.



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B. Describe any deed restrictions affecting the property: None impacting work area;
waiver requested from providing information.

C. Describe any proposed deed restrictions: none

D. Describe any easements or rights of way affecting the property: None impacting work area;
waiver requested from providing information.

E. Describe any easements or rights of way proposed by the applicant: none

16. CORRESPONDENCE: In addition to the applicant, to whom should Township and/or the Board Professional/s correspondence be sent?

Name: Robert S. Baranowski, Jr., Esq. Address: see below

Name: Mark E. Malinowski, PE Address: see below

Name: John G. Martin, AIA Address: see below

17. APPLICANT PROFESSIONAL & EXPERT WITNESS LIST:

A. Name & Profession (Attorney, Engineer, Planner etc): Attorney
Robert S. Baranowski, Jr., Esq., Hyland Levin Shapiro LLP
Mailing Address: 6000 Sagemore Drive, Suite 6301, Marlton, NJ 08053
Phone #: 856-355-2900 Email: baranowski@hylandlevin.com

B. Name & Profession (Attorney, Engineer, Planner etc): Engineer
Mark E. Malinowski, PE, Paulus, Sokolowski and Sartor, LLC.
Mailing Address: 1415 Route 70 East, Cherry Hill, NJ 08034
Phone #: 732-560-9700 Email: mmalinowski@psands.com

C. Name & Profession (Attorney, Engineer, Planner etc): Architect
John G. Martin, AIA
Mailing Address: 501 Bank Avenue, Riverton, NJ 08077
Phone #: 856-829-1872 Email: JohnMartinArchitect@comcast.net

D. Name & Profession (Attorney, Engineer, Planner etc): _____
Mailing Address: _____
Phone #: _____ Email: _____



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18. CERTIFICATIONS:

A. TAX COLLECTOR CERTIFICATION (Proof of Payment)

It is hereby certified that all taxes, municipal liens, and utility charges for the address and block and lot below are paid and current as of _____.

Address: 99 East Main Street

Block/s: 26

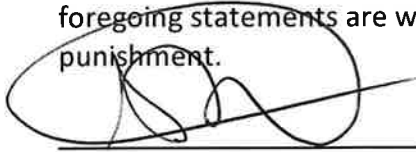
Lot/s: 6

Property Owner: Wiley Mission Inc.

Evesham Township Tax Collector Signature and Date

B. APPLICANT CERTIFICATION:

The undersigned certify they are the applicant(s) named in the foregoing application or the undersigned certify they are legally authorized to submit the foregoing application and may sign this Certification on behalf of the applicant. The undersigned certify the information stated in the foregoing application and submissions made therewith are true and correct. If any of the foregoing statements are willfully false, the undersigned understand they are subject to punishment.

 4/14/2026
Applicant Signature Date

Print Name: Gary F. Gilmore

Print Title: President/CEO

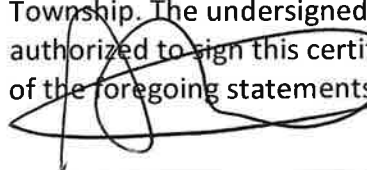
Applicant Signature Date

Print Name: _____

Print Title: _____

C. OWNER CERTIFICATION:

The undersigned hereby certify that he/she/it/they is/are the owner(s) of the property which is the subject of the foregoing application and that the applicant named therein has been authorized to submit said application to the Planning Board or Zoning Board of Evesham Township. The undersigned certify he/she/it/they is/are said owner(s) or is/are legally authorized to sign this certification on behalf of the owner. The undersigned realize that if any of the foregoing statements are willfully false, he/she/it/they is/are subject to punishment

 4/14/2026
Owner Signature Date

Print Name: Gary F. Gilmore

Print Title: President/CEO

Owner Signature Date

Print Name: _____

Print Title: _____



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CERTIFICATION OF CORPORATE/PARTNERSHIP

To be completed if the applicant is a corporation/partnership and if the application seeks permission to subdivide a parcel of land into six (6) or more lots, or seeks a variance to construct a multiple dwelling of twenty-five (25) or more family units, or seeks site plan approval of a site to be used for commercial purposes in accordance with N.J.S.A. 40:55D-4B.1.

The undersigned hereby certifies that he/she is an authorized representative of the applicant named in the foregoing application and that the applicant is a corporation [] partnership []. The undersigned hereby certifies that the name and address of all shareholders or individual partners owning at least 10% of the stock of the corporation or at least 10% of the interest in the partnership is:

Print Name:

Non-profit corporation. See list of Board of Trustees.

Print Address:

The undersigned realizes that if any of the foregoing statements are willfully false, he/she is subject to punishment.

Signature

Print Name: Gary F. Gilmore

Print Title: President/CEO

Date: 4/14/2026

If any of the above owners is a corporation or partnership, the applicant is required to disclose the name and address of each individual holding a 10% interest, or greater, in the named corporation or partnership which shall be divulged in the same format as the above pursuant to N.J.S.A. 40:50D- 48.2). (Attach separate sheet if needed).

This application was prepared by: Robert S. Baranowski, Jr., Esq., Hyland Levin Shapiro LLP

Print Name

WILEY MISSION
Board of Trustees

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Vice Chair/Treasurer

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