



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT
DIVISION OF LAND USE

DEVELOPMENT APPLICATION

CONTROL NO. _____

Block(s) 6 Lot(s) 8, 54, 55.01 & 76 Date Received _____

By _____

TO BE COMPLETED BY APPLICANT (A-T)

A. **Property Owner's Name** IC/L-A WASHINGTON ROAD LLC c/o LUBERT ADLER MANAGEMENT COMPANY L.P.

Address 2929 ARCH STREET, 28TH FLOOR
(Street)
PHILADELPHIA PA 19104-2868
(City) (State) (Zip)

Phone ()
(If property owner is a corporation, complete Section S-1)

FAX ()

B. **Applicant's Agent Name** Javier Arencibia - Arencibia Architects, Inc. (Agent) for
Tony Mahfoud - Brilliant Buddies Academy LLC

Address 2534 E. Timber Crest Drive NE
(Street)
Leland NC 28451
(City) (State) (Zip)

Phone (703) 298-8181 FAX ()

Email arencibia.architects@gmail.com

(If applicant is not the owner, complete Section S-2) (completed)

(If applicant is a corporation, complete Section S-3) (completed)

(All correspondence will be mailed to person listed as applicant's agent)

C. Application Status

(1) New (2) Revision or Resubmission of Prior Application

(If (2) is checked, indicate prior application no. (s) _____)
Attach copies of resolution, if available.

D. Type of Approval Sought

- Concept Preliminary Final Preliminary/Final
- GDP Sign Waiver Request Extension of Approval Request
- Minor Subdivision Major Subdivision Major Site Plan Minor Site Plan
- Variance Request (Submit Variance Request Form)
- Conditional Use Approval (Submit Conditional Use Request Form)
- Request for Waiver of Submission Requirements (See appropriate subdivision or Site Plan checklist)
- Above Application Pursuant to Board of Adjustment "D" Variance (Attach Resolution of Approval)

E. Engineer's Name and Firm Victor A. Arencibia - Arencibia Architects, Inc.

Address 2534 E. Timber Crest Drive NE

Leland (Street) NC 28451
(City) (State) (Zip)

Phone (703) 298-8181 Direct: (973) 625-7870

FAX () Email: V.Arencibia.RA@gmail.com

License No. 21AI01113100

F. Architect's Name and Firm Victor A. Arencibia - Arencibia Architects, Inc.

Address 2534 E. Timber Crest Drive NE

Leland (Street) NC 28451
(City) (State) (Zip)

Phone (703) 298-8181 Direct: (973) 625-7870

FAX () Email: V.Arencibia.RA@gmail.com

License No. 21AI01113100

G. Plat/Plan Dated 16 Oct. 2025 Title _____

H. Name and Location of Development (Street or Road and nearest public Street intersection)
401-404 Avalon Square

I. Present use of Land Mixed Use development

J. Present Use of Structure Mixed Use Retail/Residential

K. Proposed Use of Land To add daycare as an approved use
(If more than one use proposed, indicate various uses and areas on plat)

L. Proposed Use of Structure To add daycare as an approved use
(If more than one use proposed, indicate various uses and areas on plan)

M. Plat/Plan Data

1. Acreage to be subdivided _____ No. of Lots Proposed _____

2. Type of Development Proposed (Conventional, Cluster, Planned Development)
To add daycare as an approved use

3. Lot Areas _____

4. Acreage of Contiguous Parcel (s) in Same Ownership, not part of this
Development _____

5. Area of Site Plan to be Developed _____ Acres _____ SF

6. Floor Area of Proposed Structure:

Floor No. _____	_____	SF
Floor No. _____	_____	SF
Floor No. _____	_____	SF
Floor No. _____	_____	SF

7. If Addition to Existing Structure:

Floor No. _____ SF
Floor No. _____ SF
Floor No. _____ SF

8. Total Floor Areas _____ SF

9. Number of Parking Spaces _____

N. Utility Data (indicate service proposed)

1. Water _____ 4. Electric _____
2. Sanitary _____ 5. Telephone _____
3. Gas _____ 6. Heating Fuel _____

O. Zoning District _____

P.	Zone Requirements	(Ordinance)	(Proposed)
1.	Min. Tract/Lot Area	_____	_____
2.	Min. Lot frontage	_____	_____
3.	Min. Lot Width	_____	_____
4.	Min. Lot Depth	_____	_____
5.	Min. Yards:		
	Front	_____	_____
	Side	_____	_____
	Rear	_____	_____
6.	Max F.A.R.	_____	_____
7.	Max M.I.C.	_____	_____
8.	Max. Gross Density	_____	_____
9.	Max. Bldg. Height	_____	_____
10.	Parking Spaces Required	_____	_____

Q. Does Lot abut (check which applies)
_____ State Road _____ County Road _____ Township Road

R. Copies of any Deed Restrictions or Covenants that will Apply (check one)
_____ Attached _____ Not Attached

S. Other Information

1. Principal Office Address _____

(City) (State) (Zip) (Street) Phone(_____) _____
FAX (_____) _____

President's Name _____

Secretary's Name _____

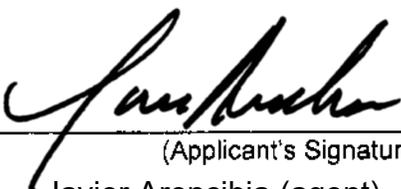
2. I, Tony Mahfoud - Brilliant Buddies Academy LLC, consent to the filing of this Site Plan/

Subdivision by Javier Arencibia - Arencibia Architects, Inc.
(Agent)

(Owner's Signature) (Date)
Tony Mahfoud (tenant)
(Owner's Printed Name)

3. Principal Office Address (Tony Mahfoud, Brilliant Buddies Academy LLC) 19 Cartier Drive
(Street)

Franklin Park NJ 08823 Phone (203) 942-8347
(City) (State) (Zip) FAX (_____) _____

T. 
(Applicant's Signature) 17 Oct. 2025
Javier Arencibia (agent) (Date)
(Applicant's Printed Name)