



NOTICE TO ABATE

Property Owner /Agent
Description of Property :

SONIA PIRES
212 HOWE PLACE
PISCATAWAY NJ. 08854

Block: 2205

Lot(s): 13.01

DATE ISSUED: 07/12/12

Inspection on 07/12/12 show you are in compliance and your
Fence has been approved.

Very Truly yours,

PAUL SNYDER
ASSISTANT PROPERTY MAINTENANCE
AND ENFORCEMENT OFFICER

Phone # (732) 562-7621

Fax # (732) 529-2525

cc: Mayor Brian C. Wahler

James C. Clarkin, Township Attorney

#-2766
IMPORTANT: A plan MUST be submitted with this application showing the size and location of the lot, the dimensions and locations of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot.

Township of Piscataway
ZONING PERMIT

Application Number _____ Date _____ Fee \$40-

TYPE OF APPLICATION

- ☐ Minor Residential Alteration
☐ Residential Alteration
☐ New Single Family Dwelling Construction
☐ New Multi-Family Structure Construction

- ☐ Minor Alterations to Multi-Family and/or Non-Residential Structure*
☐ New Non-Residential Structure Construction (includes fences/sheds)
☐ Certificate of Non-Conformity
☐ Certificate of Occupancy

*INCLUDES INSTALLATION OF SIGNS. Applicant is to answer questions 1 through 7 only and submit detailed plans of sign, property survey with location of buildings and elevation of building facade with appropriate area calculations if surface mounted sign is proposed.

1. Applicant's Name: Sonia Pires Tel. No. 901 301 8699
Applicant's Address: 212 HAVE PLACE PISCATAWAY NJ
2. Owner's Name: Sonia Pires Tel. No. 901 301 8699
Owner's Address: 212 HAVE PLACE PISCATAWAY NJ
3. Does Applicant hold a tax exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?
Yes ☐ No ☒ It yes, state type of tax exempt organization: _____
4. Location of property for which Zoning Permit is desired: (2205)
Street Address: 212 HAVE PLACE Block: 302 Lot: 13.01 Zone: R-75
5. Present Use of Property: Residential
6. Proposed Use of Property: Residential
7. Is Zoning Permit for low/moderate income housing unit(s) as defined by the New Jersey Council on Affordable Housing?
Yes ☐ No ☐
8. Describe proposed changes to existing structures, if any: 6 ft. solid wood fence
9. Describe in detail the activity or activities to be conducted in principal building/structure: _____
10. Describe in detail any accessory activities to be conducted in any of the accessory buildings/structure(s): _____

11. State whether any of the activities described in Nos. 8 and/or 9 above are conducted as a nonconforming use or are located in any easement/drainage way/right-of-way - _____
If so, state facts supporting this contention: _____

12. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge? Yes ☐ No ☐ If yes, state date: _____

Board: _____ Disposition of Application: _____ Resolution #(if any): _____

Signature of Applicant (individual) _____ Date _____

Print Applicant's Name _____

Signature of Owner _____ Date _____

Print Owner's Name _____

Attest:

Name of Corporation or Association

BY: _____
Signature of Authorized Officer

Print Authorized Officer's Name

----- FOR OFFICE USE -----

COMMENTS:

**CALL FOR INSPECTION
AFTER INSTALLATION**

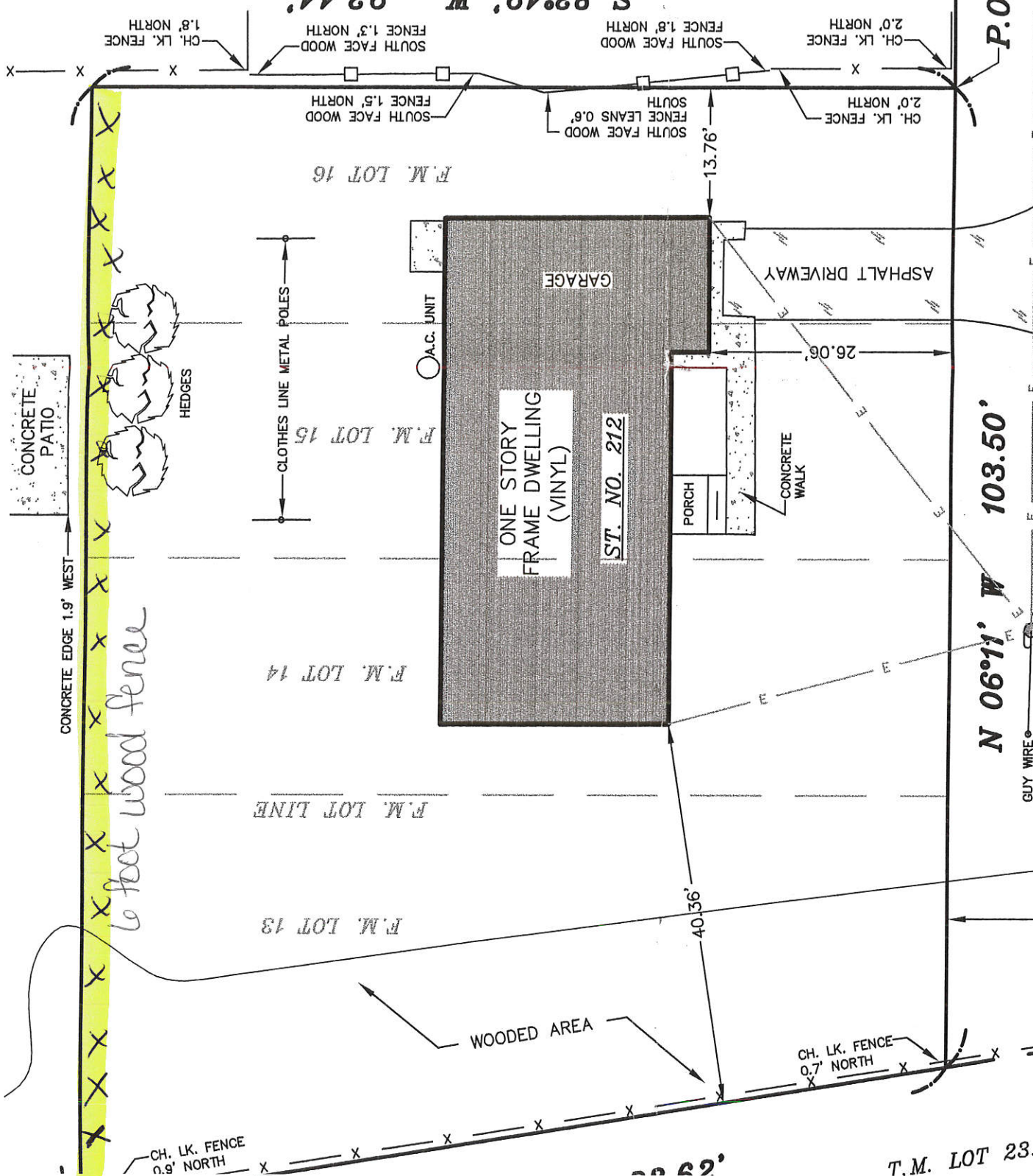
(732 - 562-7638)

**FINISHED SIDE
OF FENCE MUST
FACE OUT**

APPROVED

ZONING OFFICER Dan Concoo-Standell Date 4/1/10

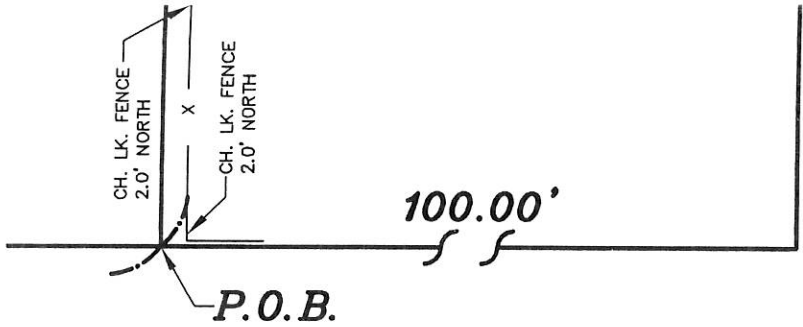
S 06°11' E 118.30'



FINISHED SIDE
OF FENCE MUST
FACE OUT
APPROVED

HOWE PLACE
(50.00' R.O.W.)

CALL FOR INSPECTION
AFTER INSTALLATION
(732) 562-7638



PREMISES ALSO KNOWN AS LOTS 13, 14, 15, AND 16 IN BLOCK "L" ON A MAP ENTITLED, "MAP OF MURRAY HILL SITUATED AT NEW MARKET," FILED IN THE MIDDLESEX COUNTY CLERK'S OFFICE ON AUGUST 3, 1931 AS MAP NO. 1336, FILE NO. 733.

TOTAL LOT AREA
10,252 SQ. FT. OR 0.235 ACRES

NO.	DATE	DESCRIPTION	BY

METES & BOUNDS SURVEY

OF

212 HOWE PLACE

LOT 13.01 IN BLOCK 322 ON TAX MAPS OF

TOWNSHIP OF PISCATAWAY MIDDLESEX COUNTY NEW JERSEY

PREPARED FOR

RUBEN and SONIA PIRES

BRAGINSKY SURVEYING, LLC

PROFESSIONAL LAND SURVEYORS

VALERY BRAGINSKY PLS
NJ LICENSE NO. 43217

2 AUSTIN AVENUE
ISELIN, NJ 08830

TEL. (732) 326-9090 FAX (866) 464-8910

DRAWN BY : RO CHECKED BY: VB

DATE: JANUARY 18, 2012 SCALE: 1" = 15'

JOB NO.: 1201-11

#64073

IMPORTANT: A plan MUST be submitted with this application showing the size and location of the lot, the dimensions and locations of the proposed building or structure on the lot, building set back, dimensions of rear and side yards, and the dimensions and locations of the existing buildings or structures on the lot.

✓#200
\$40.
Rec.#N148669

Township of Piscataway

ZONING PERMIT

Application Number _____ Date 3/31/2018 Fee _____

TYPE OF APPLICATION

- ☒ Minor Residential Alteration
☐ Residential Alteration
☐ New Single Family Dwelling Construction
☐ New Multi-Family Structure Construction

- ☐ Minor Alterations to Multi-Family and/or Non-Residential Structure*
☐ New Non-Residential Structure Construction (includes fences/sheds)
☐ Certificate of Non-Conformity
☐ Certificate of Occupancy

*INCLUDES INSTALLATION OF SIGNS. Applicant is to answer questions 1 through 7 only and submit detailed plans of sign, property survey with location of buildings and elevation of building facade with appropriate area calculations if surface mounted sign is proposed.

1. Applicant's Name: Robert Pires Tel. No. (901) 306-5149
Applicant's Address: 212 Howe PL Piscataway NJ 08854
2. Owner's Name: Robert Pires Tel. No. _____
Owner's Address: 212 Howe PL Piscataway NJ 08854
3. Does Applicant hold a tax exempt status under the Federal Internal Revenue Code of 1954 [26 U.S.C., Sec. 501(c) or (d)]?
Yes ☐ No ☒ It yes, state type of tax exempt organization: _____
4. Location of property for which Zoning Permit is desired: _____
Street Address: 212 Howe PL Block: 1317 Lot: 1301 Zone: R-7.5
5. Present Use of Property: Residential - SFD
6. Proposed Use of Property: Residential - SFD
7. Is Zoning Permit for low/moderate income housing unit(s) as defined by the New Jersey Council on Affordable Housing?
Yes ☐ No ☒
8. Describe proposed changes to existing structures, if any: _____

9. Describe in detail the activity or activities to be conducted in principal building/structure: above mentioned

10. Describe in detail any accessory activities to be conducted in any of the accessory buildings/structure(s): 12x18

11. State whether any of the activities described in Nos. 8 and/or 9 above are conducted as a nonconforming use or are located in any easement/drainage way/right-of-way - _____
If so, state facts supporting this contention: _____

12. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to the applicant's knowledge? Yes ☐ No ☒ If yes, state date: _____

Board: _____ Disposition of Application: _____ Resolution #(if any): _____

Signature of Applicant (individual)

Date

Print Applicant's Name

Signature of Owner

Date

Print Owner's Name

Attest:

Name of Corporation or Association

BY:

Signature of Authorized Officer

Print Authorized Officer's Name

Secretary

FOR OFFICE USE

COMMENTS:

APPROVED

ZONING OFFICER

Date