

INTEROFFICE MEMORANDUM



TO: HEALTH DEPARTMENT
FROM: DEPARTMENT OF ZONING & CODE ENFORCEMENT
SUBJECT: PLAN REVIEW
DATE: 04/09/2024
CC: FILE : REVISED

alH

Please find attached an application for a Zoning Permit.

Kindly review for Approval/Disapproval and return to our office.

BLOCK: 8404

LOT: 4

NAME: LEBOWITZ

ADDRESS 61 HIGHLAND RIDGE ROAD

APPLICATION TYPE: BASEMENT

APPROVED _____

DISAPPROVED _____

COMMENTS: _____



Payment of zoning application fees are required with submission of application. Type of application:

139241

Property serviced by:

☐ Sewer/Water
☒ Septic/Well

☐ Deck ☐ Porch ☐ Addition
☐ Shed ☐ Patio ☐ Detached Garage
☐ Fence ☐ Pool ☐ Gazebo/Cabana/Pool House
☐ Sign ☐ Generator ☐ Solar
☐ New Commercial Bldg ☐ Commercial Alteration ☐ Change in business use/tenant
☐ New Residential Dwelling Type: _____ ☐ New Multi-Family Dwelling
☐ Certificate of Non-Conformity Other: BASEMENT

TOWNSHIP OF MANALAPAN - REQUEST FOR ZONING PERMIT

ADDRESS OF CONSTRUCTION: 61 Highland Ridge Rd BLOCK/LOT: 8404/4
PROPERTY OWNER: Jake Lebowitz TEL#: 267-767-6735
PROPERTY OWNER'S ADDRESS: 61 Highland Ridge Rd
E-MAIL ADDRESS: jakelebowitz@gmail.com

APPLICANT: _____ TEL#: _____

APPLICANT'S ADDRESS _____

PROPOSED WORK: Finished Basement DIMENSIONS: _____

SET BACKS: Front _____ Rear _____ Sides _____ Street Side _____ Distance between Structures _____ HEIGHT: _____

SIGNAGE: Square Foot: _____ ZONE: _____ BLDG COVERAGE: _____ NO. OF STORIES: _____

APPROVALS: Zoning Board ☐ Planning Board ☐ Resolution #: _____

I am familiar with the Codes and Ordinances of Manalapan Township. The proposed project will not constitute nor create a non-conforming use or structure. I will not add nor delete from the requested project specifications without approval. I accept responsibility for any and all violations created by the requested project and understand such violations must be removed and/or abated as directed by the Zoning Officer.

J. Lebowitz Jake Lebowitz 1/10/23
Property Owner's Signature Print Name Date

Applicant's Signature _____ Print Name _____ Date _____

OFFICE USE ONLY:

APPROVED: _____ DENIED: _____ PERMIT # _____

REMARKS: _____

Zoning Officer _____ Date _____

CERTIFICATE OF ZONING COMPLIANCE

To the best of my knowledge the finished project conforms to the Code and Ordinances of the Township of Manalapan.

APPROVED: _____ DENIED: _____ REMARKS: _____

Zoning Officer _____ Date _____