TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 00-4672

APPLICATION FOR ZONING APPROVAL

BLOCK 155 LOT 1.11 DAY TIME PHONE [redacted] DATE 4-14-00

OWNER'S NAME Joseph P. ARNO, M.D.
OWNER'S ADDRESS 12 Shallowbrook Road, Morganville.
WORKSITE ADDRESS (If Different) _____

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement, and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME R. Pasquale Fence.
ADDRESS 196 Route 9 North, Englishtown, N.J. 07726
PHONE _____

Explain in detail the proposed construction: fence in parts of rear yard for dog. Dog Run

State size of new construction (sq. ft.) and dimensions 82'x78'+/-

Attach (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today".

For Tenant Fit-Up: Name of Business: _____ USE _____

New Construction: Model Name _____ Development _____
Attach two copies of reduced front elevation.

If "Look-A-Like" list three structural changes: 1. _____
2. _____
3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH:
:SS:
STATE OF NEW JERSEY

DATE: _____ _____

I, Joseph P. ARNO, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Joseph P. Arno M.D. Date 4-14-00
Signature of Applicant

or _____ Date _____ _____.
Signature of Agent
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant subscribed before me this 14th day of April 2000
Tracy Weiner
NOTARY PUBLIC

TRACY WEINER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 02/17/04

(for office use only)

Approved: Sarah Pierce Date 4/14/00
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____ Date _____
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 99-3336

APPLICATION FOR ZONING APPROVAL

BLOCK 155 LOT 1.04 DAY TIME PHONE [redacted] DATE 3/9/99

OWNER'S NAME Shallow Brook LLC
OWNER'S ADDRESS 42 Vanderbera RD Marlboro, NJ 07746
WORKSITE ADDRESS (If Different) 12 Shallow Brook RD

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement, and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Byron Hill Construction, LLC
ADDRESS 42 Vanderbera RD, Marlboro, NJ 07746
PHONE (732) 431-0484

Explain in detail the proposed construction:

Single family dwelling.

State size of new construction (sq. ft.) and dimensions

FOOTPRINT 5705SF

Attach (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today".

For Tenant Fit-Up: Name of Business: _____ USE _____

New Construction: Model Name Palatial Development Shallow Brook
Attach two copies of reduced front elevation.

If "Look-A-Like" list three structural changes: 1. _____
2. _____
3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH:
:SS:
STATE OF NEW JERSEY

DATE: 3/12 19 99

I, Hrair Gueyikian, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Signature of Applicant Date 3/12 1999.
or _____ Date _____ 19 _____.
Signature of Agent
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant subscribed before me this 12 day of March 19 99
Phyllis Khan
NOTARY PUBLIC
PHYLLIS KHAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Oct. 20, 2003

(for office use only)

Aspen Engineers Approval of 4/2/99

Approved: Sarah Engebretsen Date 4/7/99
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____ Date _____
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 02-7674

BLOCK 155 LOT 1.11 DAYTIME PHONE [redacted] DATE 11-22-02

OWNER'S NAME Joseph P. ARNO

OWNER'S ADDRESS 12 Shallowbrook Rd.

WORKSITE ADDRESS (If Different) SAME

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are herby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Self.

ADDRESS

PHONE

Explain in detail the proposed construction: 8'x8' shed.

State size of new construction (sq. ft.) and dimensions 8'x8' shed.

Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: 11-22-02

I, Joseph P. ARNO, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Joseph P. Arno
Signature of Applicant

Date 11-22-02

or

Signature of Agent
(If accompanied by authorization letter from homeowner)

Date

Sworn to and Subscribed before me this 22nd day of NOV 2002

Tracy Weiner
NOTARY PUBLIC
TRACY WEINER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 07/29/04

(for office use only)

Approved: Sarah Paris
Zoning Officer

Date 11-22-02

DENIAL OF ZONING PERMIT (IF APPLICABLE)

Zoning Officer

Date

TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 01-5820

APPLICATION FOR ZONING APPROVAL

BLOCK 155 LOT 1.11 DAYTIME PHONE [redacted] E 11-21-01

OWNER'S NAME Joseph P. ARNO

OWNER'S ADDRESS 12 Shallowbrook Rd Morganville

WORKSITE ADDRESS (If Different) Same

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are herby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Self

ADDRESS

PHONE

Explain in detail the proposed construction:

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TOWNSHIP OF MARLBORO
ZONING

State size of new construction (sq. ft.) and dimensions Approximately 1190 ft of Vinyl Post and Rail with wire attached

Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: 11-21-01

I, Joseph P. ARNO, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Joseph P. Arno
Signature of Applicant Date 11-21-01

or
Signature of Agent Date

(If accompanied by authorization letter from homeowner)

Sworn to and Subscribed before me this 21st day of Nov 2001

Tracy Weiner
NOTARY PUBLIC TRACY WEINER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 09/27/04

(for office use only)

As per ZB 01-5983

Approved: Sarah Parso Zoning Officer Date 11/28/01

DENIAL OF ZONING PERMIT (IF APPLICABLE)

Zoning Officer Date

TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 03-7769

APPLICATION FOR ZONING APPROVAL

BLOCK 155 LOT 1.11 DAYTIME PHON [redacted] DATE 01-23-03

OWNER'S NAME Joseph P. ARNO, M.D.

OWNER'S ADDRESS 12 Shallowbrook Rd. Morganville, N.J. 07751

WORKSITE ADDRESS (If Different) Williamsburg Commons, 10 AUER Court, East Brunswick N.J. 08816

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are herby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Self

ADDRESS 12 Shallowbrook Rd.

PHONE [redacted]

Explain in detail the proposed construction: 36' x 36' Prefabricated BARN building for 2 Horses and Storage Area

State size of new construction (sq. ft.) and dimensions 36 feet by 36 ft. x 10 feet high

Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

RECEIVED JAN 24 2003

If "Look-A-Like", list three structural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: 01-23-03

I, JOSEPH P. ARNO, M.D., being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Joseph P. Arno, M.D. Date 01-23-03
Signature of Applicant

of Agent Date 01-23-03
Signature of Agent
(If accompanied by authorization letter from homeowner)

RACHELLE NARDO
Notary Public of New Jersey
My Commission Expires March 22, 2004

Sworn to and Subscribed before me this 23rd day of January

NOTARY PUBLIC

(for office use only)

As per 84-30D(19) up to 2 horses permitted with a building to house...

Approved: Sarah Paris Zoning Officer Date 1/28/03

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____

_____

_____

_____ Date _____
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200
APPLICATION FOR ZONING APPROVAL

Permit # 13-107192

BLOCK 155 LOT 1.11 DAYTIME PHON[redacted] DATE ____________

OWNER'S NAME Joseph ARNO

OWNER'S ADDRESS 12 Shallowbrook Rd, Marlboro, NJ 07746

WORKSITE ADDRESS (If Different) ____________

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are herby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Corbin Electrical Services

ADDRESS 12 Shallowbrook Rd, Manalapan, NJ 07726

PHONE 732-536-0444

Explain in detail the proposed construction: Standby generator

State size of new construction (sq. ft.) and dimensions 2' x 4'

Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by homeowner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business ____________ USE ____________

New Construction: Model Name ____________ Development ____________

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes:
1. ____________
2. ____________
3. ____________

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: ____________

I, Joseph P. ARNO, RD, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro pertaining thereto.

All statements herein made by me are true to the best of my knowledge and belief.

[signature] Date [signature]

Signature of Applicant

or ____________ Date ____________

Signature of Agent

(If accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
Subscribed before me this
______ day of ______
[signature]
NOTARY PUBLIC

☆☆

(for office use only)

Location as shown on attached survey

Approved: Sarah Paris Date 8/20/13

Zoning Officer

☆☆

DENIAL OF ZONING PERMIT (IF APPLICABLE)

____________ Date ____________

Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 21-11458

APPLICATION FOR ZONING APPROVAL

BLOCK 155 LOT 1.11 DAYTIME PHONE [redacted] EMAIL [redacted]

OWNER'S NAME EST. OF JOSEPH P. ARNO C/O LOUISE CAPOBIANCO, ADM. [redacted]

OWNER'S ADDRESS 12 SHALLOW BROOK RD. MORGANVILLE, NJ 07751

WORKSITE ADDRESS (If Different) _____

Application is hereby made for a Zoning Permit in accordance with the requirements of the Township of Marlboro. The sub-joined statement and drawings submitted herewith are hereby made a part of this application. I hereby agree to comply with all ordinances and governing regulations of the Township of Marlboro. If any use or building or structure applied for herein shall be in violation of the above, the zoning officer shall have the right to stop such use or work on the premises until such violation shall have been corrected and there shall be no liability on the part of the Township of Marlboro because of such stoppage.

CONTRACTOR'S NAME Self (mailing address - P.O. Box 857, Sewell NJ 08080)

ADDRESS _____

PHONE _____

* Explain in detail the proposed construction: Previously finished basement approx. 2400 Sq. feet

* State size of new construction (sq. ft.) and dimensions: _____

* Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by home-owner stating that, "This survey is a true and exact representation of my property as it exists today."

For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

If "Look-A-Like", list three structural changes: 1. _____ 2. _____ 3. _____

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: _____

I, LOUISE CAPOBIANCO, ADM. OF EST. OF JOSEPH P. ARNO, being of full age and duly sworn, depose and say that I am the owner in fee simple of the premises herein described and shown on the accompanying drawings, and that the use or occupancy herein described will be done in accordance with all laws and ordinances of the Township of Marlboro thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Louise Capobianco, Adm. Date 4/29 20 21
Signature of Applicant

or _____ Date _____
Signature of Agent
(if accompanied by authorization letter from homeowner)

KRISTEN TARTAGLIA
Notary Public - State of New Jersey
My Commission Expires Jan 15, 2025

* Sworn to and Signature of Applicant Subscribed before me this 29th day of April 20 21

NOTARY PUBLIC

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Approved ☑ single family use only Denied ☐ _____

Date 5/5/2021
Zoning Officer Signature

☆☆

Approved ☐ _____ Denied ☐ _____

Date _____
Municipal Engineer Signature

☆☆

UPDATE

DESCRIBE IN DETAIL PROPOSED CHANGES: _____

Attach two (2) copies of survey with proposed changes drawn to scale. Attach two sets of signed plans.

_____ Date _____ 20 ____
Signature of Applicant

or _____ Date _____ 20 ____
Signature of Agent
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant Subscribed before me this _____ day of _____ 20 ____

NOTARY PUBLIC

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆(for office use only)☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

_____ Date _____ Approved ☐ Denied ☐
Zoning Officer