

APPLICATION FOR ZONING APPROVAL

BLOCK 58-A LOT 2 DAY TIME PHONE 000000 DATE 3/25/93
OWNER'S NAME TANNENHOLZ
OWNER'S ADDRESS 3 STOCKTON DR.
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 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 Dist. Pool
ADDRESS 103 CRINE RD. MORGANVILLE N.J.
PHONE 908-591-1239

Explain in detail the proposed construction: Inground Gunite Pool
FREEFORM 22X40 + 6" FENCE 1 1/2" 4 FT. HIGH ALUMINUM
+ 6 FT. Shadow box AT REAR + SIDES.

State size of new construction (sq. ft.) and dimensions 735 sq. ft. w/spa + 465 sq. ft. Decking

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: 3/25 19 93

I, Walter M. Tannenholz, 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 Walter M. Tannenholz

Date 3/25 19 93

or _____

Signature of Agent _____

(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
subscribed before me this

25 day of Mar, 1993

Brenda Schwartz
NOTARY PUBLIC

(for office use only)

BRENDA SCHWARTZ

NOTARY PUBLIC OF NEW JERSEY

My Commission Expires May 8, 1995

Approved: James Kissler Date 4-5-93
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

Zoning Officer _____ Date _____