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

Permit # 13-106857

BLOCK 372 LOT 12 DAYTIME PHONE [redacted] DATE 5/2/13

OWNER'S NAME Sharon Hackett

OWNER'S ADDRESS 19 Stone Lane Marlboro New Jersey 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 Eldin Electric

ADDRESS 45 Cape May Drive

PHONE 732 618 7915

Explain in detail the proposed construction: Installation of 14,000 Watt Automatic stand-by generator with 200 Amp transfer switch

State size of new construction (sq. ft.) and dimensions 48 x 25

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: 5/2/13

I, Sharon Hackett, 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.

Sharon Hackett Date 2 May 2013
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 3 day of 5/13
[signature]
NOTARY PUBLIC
[illegible] 2018

☆☆☆

(for office use only)

Location as shown on attached survey

Approved: Sarah Parso Date 5/6/13
Zoning Officer

☆☆☆

DENIAL OF ZONING PERMIT (IF APPLICABLE)

______ Date ______
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 16-109134

BLOCK 372 LOT 12 DAYTIME PHONE [redacted] DATE 22 July 2016

OWNER'S NAME Sharon B. Hackett

OWNER'S ADDRESS 19 Stone Lane

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 Self

ADDRESS 19

PHONE _____

* Explain in detail the proposed construction: 500 sqft. Concert Flat patio

* 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 homeowner stating that, "This survey is a true and exact represntation 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: 22 July 2016

Sharon B Hackett, 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.

Sharon B. Hackett
Signature of Applicant

Date 22 July 2016

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

Date _____

* Sworn to and Signature of Applicant Subscribed before me this 22nd day of July 2016

JENNIFER A. BAJAR
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 26, 2019

(for office use only)

Approved: Sarah Parus Zoning Officer Date 7/25/16

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____ Date _____
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 17-109553

BLOCK 372 LOT 12 DAYTIME PH [redacted] DATE 3/1/17

OWNER'S NAME Steve CARega

OWNER'S ADDRESS 19 Stone Lane

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 MA Fence

ADDRESS 630 Rt 9 South Freehold

PHONE 732 303 1614

* Explain in detail the proposed construction: 54 Plum

* State size of new construction (sq. ft.) and dimensions 300' 54 Plum Blvd

* 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 represntation 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: 3/1/17

I, Daniel Capurello, 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.

_____ Date _____
Signature of Applicant

or _____ Date 2-22-17
Signature of Agent
(If accompanied by authorization letter from homeowner)

* Sworn to and Signature of Applicant Subscribed before me this 1st day of March 2017

NOTARY PUBLIC

JENNIFER A. BAJAR
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Nov. 26, 2019

(for office use only)

fence on Stone Lane side will be in line with house going straight back to property line

Approved: _____ Date 03-3-17
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____

_____

_____

_____ Date _____
Zoning Officer