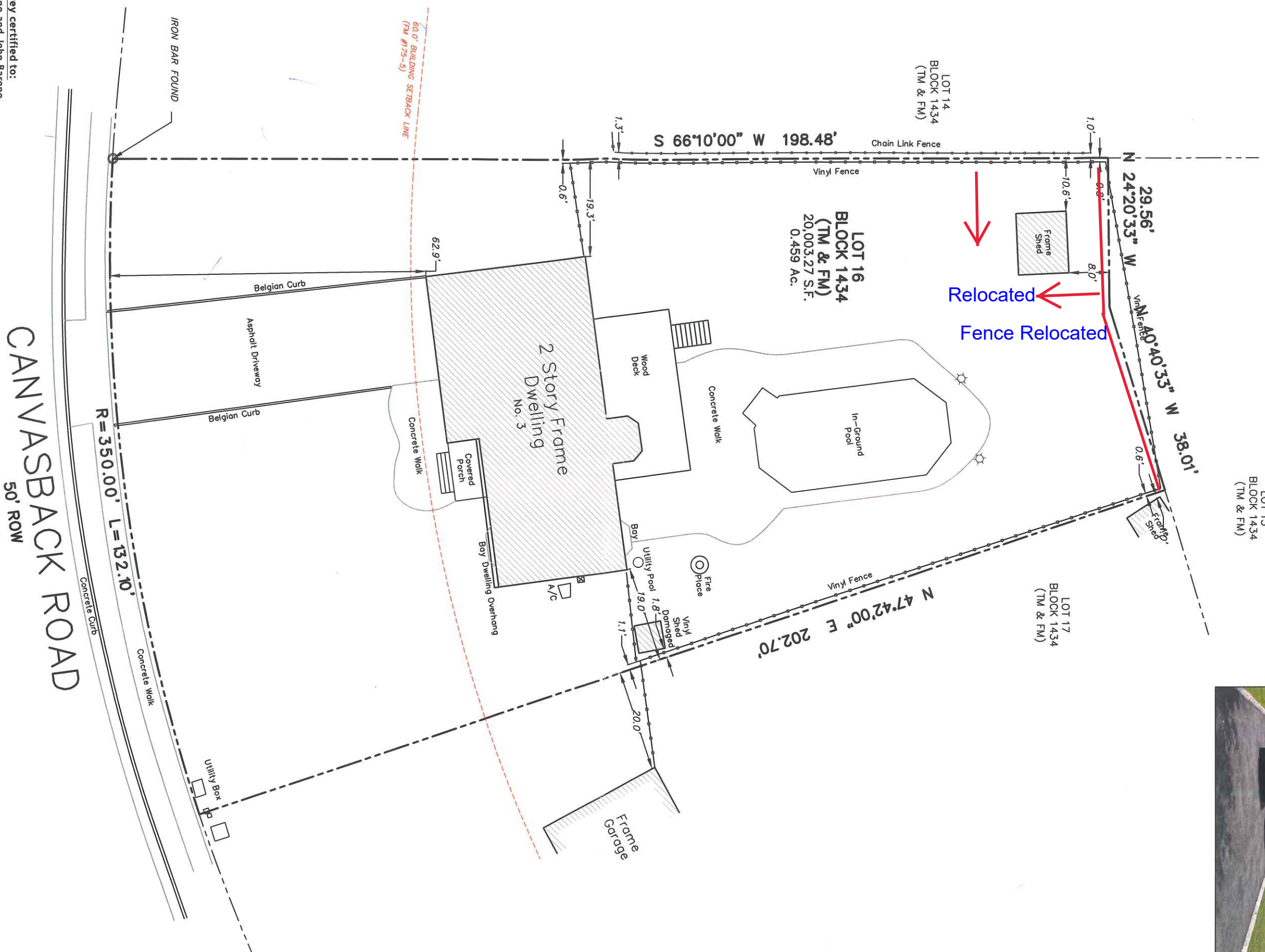
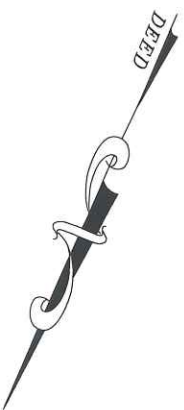




This survey certified to:
Michelle Barone and John Barone

KNOWN AND DESIGNATED as Lot 16 Block 1434 as shown on a certain map entitled, "Map of Oak Leaf North, Section 2, situated in the Township of Manalapan, Monmouth County, New Jersey" filed in the Monmouth County Clerk's Office on September 21, 1981 as Map No. 175-5.

This survey references:
Deed Book 5666 Page 497
Mammoth County Filed Map No. 175-5

Notes:
Field Survey Performed on 06/13/2022
Survey Performed without the benefit
of a complete title search and subject
to municipal restrictions, easements of
record and other facts that a title
search may disclose.
Subject to documents of record

GRAPHIC SCALE

1 inch = 20 ft.

I declare that this plan is based on actual field survey performed by *Labeland Surveying, Inc.*, under my direct supervision and in accordance with N.J.A.C. 17:26-5.1, and to the best of my professional knowledge, information and belief, is true and correct. I am not aware of any facts or circumstances which might cause this declaration to be false or misleading. This declaration is given solely to the bonded surety for this transaction only and is not transferable. I print my original raised seal of the undersigned professional.

SURVEY OF PROPERTY

PROJECT NUMBER
777134

akelana

Certificate of Authorization
#24GA28090000

Marc J. Cifone
PROFESSIONAL LAND SURVEYOR

Jeffrey
PROFESSIONAL

TOWNSHIP OF MANALAPAN

DEPARTMENT OF ZONING/CODE ENFORCEMENT
120 ROUTE 522
MANALAPAN, NJ 07726
(732)446-8301

Nancy DeFalco

Zoning/Code Enforcement Officer
ndefalco@mtnj.org



OFFICE USE ONLY:

Certificate #:

Inspection Date: _____

Issued Date: _____

Survey Date: _____

Reinspection Date: _____

REQUEST FOR ZONING C.C.O. (Non UCC)Date: 1/13/21 Block: 16 Lot: _____PROPERTY LOCATION: 3 CANVASBACK RDOWNER: JOHN & MICHELLE BARONEOWNER'S PRESENT ADDRESS: 3 CANVASBACK RDOWNER(S) E-MAIL ADDRESS: NINEPRESS@AOL.COMPRIMARY NUMBER: 908-907-4750 ALT. NUMBER: 732-786-1086NAME & EMAIL OF ATTORNEY: PETER LOFFREDO PETERLO@PAW.AW.OFFICE.COM PHONE NO: 732-341-4141BUYER(S) NAME FOR CERTIFICATE: Farhod RasulovEMAIL ADDRESS FOR BUYER(S): farik.rasulov221@gmail.comPHONE NUMBER OF BUYER(S): 929-3264191PRESENT ADDRESS: 2249 Ocean Ave Apt 1F Bklyn, NY 11229NAME, EMAIL & NUMBER OF SELLER'S AGENT: MATT TRONCONE MAXREALSTATEBOT@gmail.comNAME, EMAIL & NUMBER OF BUYER'S AGENT: AARON S LILLER ZAPICCHI+LILLER LP.COMAPPROX. CLOSING DATE: JULY 15TH 2022

Fees are due at the time of application. Acceptable forms payments are cash, check, money order or certified check. Please make checks payable to "Manalapan Township".

ALL FEES ARE NON-REFUNDABLE.

ZONING C.C.O. FEE: \$100.00

I hereby give permission to authorize personnel from the Township of Manalapan to inspect the above-referenced property at any time.

John Barone
APPLICANT'S SIGNATURE

JOHN BARONE
PRINT NAME

6/22/22
DATE



HOME IMPROVEMENT QUESTIONNAIRE

This form must be completed by the homeowner. No letter of authorization will be accepted in lieu.

PROPERTY LOCATION: 3 CANVAS BACK RD

BLOCK: 1434 LOT: 16 ZONING DISTRICT: MANALAPAN

Whether **YOU** made improvements to the property or whether they were in place when you purchased your home, please answer yes or no, if your property has **ANY** of the improvements listed below.

ZONING APPROVAL and or COMMENTS
(Office Use Only)

ADDITION(S)	YES	NO	
CABANA / POOL HOUSE	YES ☒	NO ☒	<u>2001-0955</u>
COVERED PATIO/DECK	YES ☒	NO ☒	<u>97-1773</u>
DECK	YES ☒	NO ☒	
DETACHED GARAGE	YES ☒	NO ☒	
DRIVEWAY- NEW or EXTENSION	YES ☒	NO ☒	
ENCLOSED PORCH	YES ☒	NO ☒	<u>98-2250</u>
FENCE	YES ☒	NO ☒	
FINISHED BSMT (OVEN/STOVE)	YES ☒	NO ☒	
GARAGE CONVERSION	YES ☒	NO ☒	
GAZEBO / PAVILION	YES ☒	NO ☒	
HOT TUB/SPA	YES ☒	NO ☒	
PATIO / PAVERS / WALKWAY	YES ☒	NO ☒	
SHED	YES ☒	NO ☒	
SOLAR PANELS (GROUND MOUNT)	YES ☒	NO ☒	
SPORTS COURT	YES ☒	NO ☒	
STANCHIONS or PORTICO	YES ☒	NO ☒	
SWIMMING POOL	YES ☒	NO ☒	<u>2000-1421</u>
OTHER: _____			

Variances granted in relation to this property. (circle one)

YES

NO

If yes, what for; year; app. #: _____

COMMENTS: (Office Use Only) _____

I DO HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE.

John Barone
HOMEOWNER'S SIGNATURE (SELLER ONLY)

JOHN BARONE
PRINT NAME

6/22/22
DATE

REPRESENTATIVE OF THE ZONING DEPARTMENT

DATE