

APPLICATION FOR ZONING APPROVAL

BLOCK 176.02 LOT 59 DAY TIME PHONE [REDACTED] DATE 5/19/94

OWNER'S NAME Central Jersey Office and Industrial Park
OWNER'S ADDRESS 1 Jacana Blvd. Old Bridge N.J. 08857
WORKSITE ADDRESS (If Different) 45 ENCLOSURE DR

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 Group Constr. Co. of Marlboro I Inc.
ADDRESS 1 Jacana Blvd. Old Bridge, N.J. 08857
PHONE 591-1024

Explain in detail the proposed construction: Single Family Dwelling

State size of new construction (sq. ft.) and dimensions 1788 SF (LIVING AREA)

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: N/A USE N/A

New Construction: Model Name ASHTON I (GABLE) Development ENCLOSURE
Attach two copies of reduced front elevation.

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

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH:

SS:

STATE OF NEW JERSEY

DATE: 5/19 19 94

I, Gerald F. Coppola, 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 [Signature] Date 5/19 19 94
or _____ Date 5/19 19 94
Signature of Agent _____
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
subscribed before me this
19 day of May 1994

[Signature]
NOTARY PUBLIC

ALLYSON E. GOLDFARB
A Notary Public of New Jersey
My Commission Expires September 16, 1996

(for office use only)

Approved: [Signature] Date 5-26-94
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

MAY NOT EXCEED
PERMITTED LOT COVERAGE

STEPS MAY NOT CROSS
FRONT SET BACK LINE

NO STRUCTURES PERMITTED IN EASEMENT

Zoning Officer

Date _____

APPLICATION FOR ZONING APPROVAL

BLOCK 176-1 LOT 59 DAY TIME PHONE [REDACTED] DATE 07 Aug 00

OWNER'S NAME SYDNEY & SHEILA PARRIS
OWNER'S ADDRESS 45 ENCLOSURE DRIVE 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 _____
ADDRESS _____
PHONE _____

Explain in detail the proposed construction: DECK EXPANSION TTL. Sq FT 300

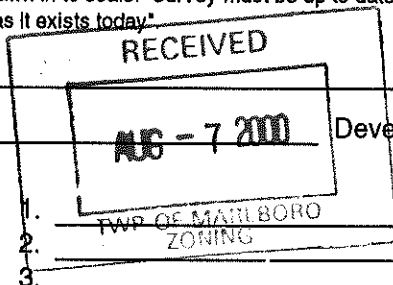
State size of new construction (sq. ft.) and dimensions NEW DECK TTL Sq FT 300
13' X 23' X 15'

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: 07 Aug 2000

I, SYDNEY PARRIS, 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 [Signature] Date 07 Aug 2000

or Signature of Agent [Signature] Date _____

(If accompanied by authorization letter from homeowner)

(for office use only)

Sworn to and Signature of Applicant
subscribed before me this
day of Aug 2000

[Signature]

NOTARY PUBLIC

TRACY WEINER

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 07/27/04

Approved: [Signature] Date 8/8/00
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

Zoning Officer _____ Date _____