94-316

TOWNSHIP OF MARLBORO
(908) 536-0200

№ 1395

APPLICATION FOR ZONING APPROVAL

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

OWNER'S NAME Central Jersey Office and Industrial Park
OWNER'S ADDRESS 1 Jocama 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 Jocama 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 ☐ (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 _____ Date _____ 19 _____.
or
Signature of Agent Gerald F. Coppola Date 5/19 19 94
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant subscribed before me this 19 day of May 19 94
Allyson E. Goldfarb
NOTARY PUBLIC

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

(for office use only)

As per attached survey
As per engineering approval 5/20/94

Approved: Bonnie Lentell Date 5-26-94
Zoning Officer

MAY NOT EXCEED PERMITTED LOT COVERAGE

DENIAL OF ZONING PERMIT (IF APPLICABLE)

STEPS MAY NOT CROSS FRONT SET BACK LINE

NO STRUCTURES PERMITTED IN EASEMENT

_____ Date _____
Zoning Officer

TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 00-5135

APPLICATION FOR ZONING APPROVAL

BLOCK 176.-L LOT 59 DAY TIME PHONE [redacted] DATE 07Aug 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. _____

RECEIVED
AUG - 7 2000
TWP OF MARLBORO
ZONING

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH:
:SS:
STATE OF NEW JERSEY

DATE: 07Aug 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.

S. Parris Date 07Aug 2000
Signature of Applicant

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

Sworn to and Signature of Applicant subscribed before me this 7th day of Aug 2000

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

(for office use only)

Approved: Sarah Paris Date 8/8/00
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

_____ Date _____
Zoning Officer