basement

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

Permit # 18-11153

BLOCK 406 LOT 12 DAYTIME PHONE [redacted] MAIL _____

OWNER'S NAME TEICHMAN

OWNER'S ADDRESS 103 CANNONADE DR

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 HOMEOWNER

ADDRESS _____

PHONE _____

* Explain in detail the proposed construction: FINISHED BASEMENT W/ ELECTRIC, OUTLETS, SWITCHES, LIGHTING / PRE EXIST'G, NO BATHROOM #, NO WALKOUT # NO KITCHEN

* State size of new construction (sq. ft.) and dimensions: 500± FINISHED, 160± UNFINISHED

* Attach two (2) copies of survey with proposed construction drawn in to scale. Survey must be up to date and must be certified by home-owner 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. _____

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

AFFIDAVIT TO BE SIGNED BY APPLICANT

DATE: 10/12/2018

I, B. TEICHMAN, 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 thereto.

All statements herein made by me are true to the best of my knowledge and belief.

Benemel Teichman
Signature of Applicant
Date 10/12 20 18

or _____
Signature of Agent
(if accompanied by authorization letter from homeowner)
Date _____ 20 ____

* Sworn to and Signature of Applicant Subscribed before me this 12th day of October 20 18

Marianne W. Sa
NOTARY PUBLIC

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Approved ☑ For continued Single family Residential use only Denied ☐ _____

Daniel Faris
Zoning Officer Signature
Date 10-29-18

☆☆

Approved ☐ _____ Denied ☐ _____

_____

_____

_____ Date _____

Municipal Engineer Signature

☆☆

UPDATE

DESCRIBE IN DETAIL PROPOSED CHANGES: _____