RP

TOWNSHIP OF MARLBORO

(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 20-112539

BLOCK 157 LOT 4 DAYTIME PHONE [redacted] EMAIL

OWNER'S NAME MCKEON

OWNER'S ADDRESS 458 PLEASANT VALLEY ROAD

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 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 SODONS ELECTRIC INC

ADDRESS ~~20~~25 West HIGHLAND AVE, ~~HIGHLANDS NJ~~ Atlantic Highlands NJ

PHONE 732 291-1713

✱ Explain in detail the proposed construction: 50KW TEMP generator to feed the house Approx. 3 weeks

✱ State size of new construction (sq. ft.) and dimensions: None

✱ 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 N/A USE N/A

New Construction: Model Name N/A Development N/A

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:

I, Sodon's Electric Inc., 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.

✱ Sworn to and Signature of Applicant Subscribed before me this 28th day of January 2020

Nancy L Doherty
NOTARY PUBLIC
NANCY L. DOHERTY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 5/18/2022

Signature of Applicant Date ______ 20 ____

or [signature] Signature of Agent Date 1/28 20 20

(if accompanied by authorization letter from homeowner)

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆(for office use only)☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

Approved ❑ For temporary 3-4 week period during which road work will require shutting off electric to this house Denied ❑

Zoning Officer Signature [signature] Date 1/28/20

☆☆

Approved ❑ Denied ❑

Municipal Engineer Signature Date

☆☆

UPDATE

DESCRIBE IN DETAIL PROPOSED CHANGES:

Attach two (2) copies of survey with proposed changes drawn to scale. Attach two sets of signed plans.

Signature of Applicant Date ______ 20 ____

or Signature of Agent Date ______ 20 ____

(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant Subscribed before me this ____ day of ______ 20 ____

NOTARY PUBLIC

☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆(for office use only)☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆☆

Zoning Officer Date ______ Approved ❑ Denied ❑

TOWNSHIP OF MARLBORO
(908) 536-0200

Permit # 95-1564

APPLICATION FOR ZONING APPROVAL

BLOCK 157 LOT 4 DAY TIME PHONE ______ DATE ______

OWNER'S NAME Elinor Johnson
OWNER'S ADDRESS 13 Navajo Court Absecon NJ 08201
WORKSITE ADDRESS (If Different) Pleasant Valley Road

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 Total Home Improvement Corp
ADDRESS 273 Main Street Matawan, NJ 07747
PHONE (908) 566-2828

Explain in detail the proposed construction: remove exterior kitchen walls & replace; Enclose existing porch (3+6) all remaining exterior walls repair only (as needed) New kitchen + bath New roofing + siding

State size of new construction (sq. ft.) and dimensions No external expansion - Interior work as needed (Same basic floorplan)

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: ______ 19______

I, Barry Markowitz, 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 ______ 19______.
Signature of Applicant
or Barry Markowitz Date 8-15 1995.
Signature of Agent
(if accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant subscribed before me this 15th day of Aug 19 95
Karla K. Selleck
NOTARY PUBLIC
KARLA K. SELLICK
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES MAR. 17, 1999

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(for office use only)

Restoration and repair of existing home enclosure of porch. No external expansion whatsoever.

Approved: ______ Date ______
Zoning Officer

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DENIAL OF ZONING PERMIT (IF APPLICABLE)

Original walls to remain except for kitchen area - but no expansion

______ Date ______
Zoning Officer