

TOWNSHIP OF MARLBORO

(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 02-7284

BLOCK 171 LOT 68 DAYTIME PHONE [REDACTED] DATE 7/10/02

OWNER'S NAME ED KIRKWOOD
 OWNER'S ADDRESS 25 HARBOR RD
 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 SELF
 ADDRESS _____
 PHONE _____

Explain in detail the proposed construction: BUILD 6'X30' DECK IN FRONT OF HOUSE WITH ROOF

State size of new construction (sq. ft.) and dimensions 6'X30' 180 sq Feet

Attach two (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."

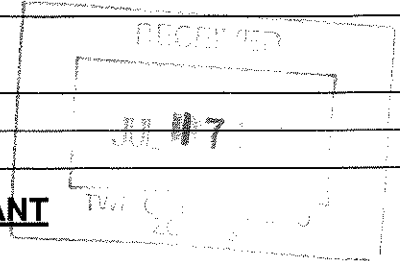
For Tenant Fit-Up: Name of Business _____ USE _____

New Construction: Model Name _____ Development _____

Attach two copies of reduced front elevation.

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

R90 Zone



AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
 :SS:
 STATE OF NEW JERSEY

DATE: _____

I, _____, 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] Date June 24 2002
 Signature of Applicant

or _____
 Signature of Agent
 (If accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
 Subscribed before me this _____ day of _____
[Signature]
 JAMES M. CAPPA
 Notary Public, New Jersey
 My Commission Expires January 30, 2003
 NOTARY PUBLIC

 (for office use only)

Approved: _____ Date _____
 Zoning Officer

 DENIAL OF ZONING PERMIT (IF APPLICABLE)
undersized lot, insufficient front yard setback
84-29D(2)(7)
Sarah Paris Date 7/19/02
 Zoning Officer