TOWNSHIP OF MARLBORO
(732) 536-0200

APPLICATION FOR ZONING APPROVAL

Permit # 04-9254

BLOCK 176.03 LOT 62 DAYTIME PHONE [redacted] DATE 5/4/04

OWNER'S NAME Barbara Watson

OWNER'S ADDRESS 39 Enclosure Drive, Morganville 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 herby 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: 6' PVC

RECEIVED
MAY - 4 2004
TWP OF MARLBORO
ZONING

State size of new construction (sq. ft.) and dimensions ______

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. ______

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: 5/4/04

I, Barbara Watson, 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.

Barbara Watson Date 5/4/04
Signature of Applicant
or
______ Date ______
Signature of Agent
(If accompanied by authorization letter from homeowner)

Sworn to and Signature of Applicant
Subscribed before me this
4th day of May 2004
Sarah Paris
NOTARY PUBLIC

☆☆

(for office use only)

Approved: Sarah Paris Date 5/5/04
Zoning Officer

☆☆

DENIAL OF ZONING PERMIT (IF APPLICABLE)

______ Date ______
Zoning Officer

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Sarah Paris
NOTARY PUBLIC

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Zoning Officer

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