TOWNSHIP OF MARLBORO
(908) 536-0200

Permit # 96-1359

APPLICATION FOR ZONING APPROVAL

BLOCK 176-02 LOT 62 DAY TIME PHONE [redacted] DATE 5-14-96

OWNER'S NAME LARRY WATSON
OWNER'S ADDRESS 39 ENCLOSURE DR. MORGANVILLE
WORKSITE ADDRESS (If Different) N/A

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 N/A
ADDRESS
PHONE

Explain in detail the proposed construction: SINGLE STORY DECK - 12×24 = 288 SQ FT. ONE SET OF STEPS - GARDEN TYPE BENCH - 3 PLANTER BOXES -

State size of new construction (sq. ft.) and dimensions 12×24 = 288 SQ FT.

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: 5-14-96 19____

I, LARRY 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.

Lawrence G. Watson
Signature of Applicant
Date 5/14 19 96.

or Lawrence G. Watson
Signature of Agent
(if accompanied by authorization letter from homeowner)
Date _____ 19 ____.

Sworn to and Subscribed before me this 14 day of MAY 19 96

ETHEL TUKACHINSKY
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES AUG. 24, 1998

Ethel Tukachinsky
NOTARY PUBLIC

(for office use only)

As per attached

Approved: Frances Kinsler Date 5-24-96
Zoning Officer

DENIAL OF ZONING PERMIT (IF APPLICABLE)

Date _____

Zoning Officer