TOWNSHIP OF MARLBORO
(732) 536-0200

Permit # 02-6901

APPLICATION FOR ZONING APPROVAL

BLOCK 119.02 LOT 43 DAYTIME PHONE [redacted] DATE 4-19-02

OWNER'S NAME Steve Calvaruso

OWNER'S ADDRESS 52 Bernadette Road

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 DiPasquale

ADDRESS 196 Route 9 North, Englishtown, NJ 07726

PHONE 732-536-0660

Explain in detail the proposed construction: Fence on each side of House

* 6' PVC
* Pavers 20x14

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. ______

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[illegible] 19 2002
TWP OF MARLBORO
ZONING

AFFIDAVIT TO BE SIGNED BY APPLICANT

COUNTY OF MONMOUTH
:SS:
STATE OF NEW JERSEY

DATE: ______

I, Steve Calvaruso, 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 4-19-02

Signature of Applicant Date ______

or

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

Sworn to and Signature of Applicant
Subscribed before me this 19th day of April 2002

[signature]
NOTARY PUBLIC
TRACY WEINER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 09/27/0[illegible]

☆☆

(for office use only)

Approved: [signature] Date 4/22/02
Zoning Officer

☆☆

DENIAL OF ZONING PERMIT (IF APPLICABLE)

______ Date ______

Zoning Officer