

bit man

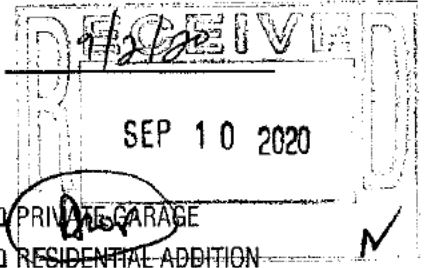


Fee \$35.00

ZONING DEPARTMENT
PHONE 732-988-5200 .x. 217
FAX 732-988-4259

Control Number: _____

Date: _____



Zoning Permit Application

- ADDING A NEW USE TO A PROPERTY
- AIR CONDENSER UNIT(S)
- COMMERCIAL ADDITION
- CONTINUING / CHANGING USE
- DECK / BALCONY
- DRIVEWAY / SIDEWALK / APRON
- FENCE / RETAINING WALL*
- HOME OCCUPATION
- INTERIOR REMODEL - COMM / RES
- NEW ACCESSORY STRUCTURE
- NEW COMMERCIAL BUSINESS
- NEW OWNERSHIP OF PROPERTY/BUSINESS
- NEW RESIDENCE
- PORCH
- PRIVATE GARAGE
- RESIDENTIAL ADDITION
- SIGNS
- SOLAR
- STORAGE SHED
- SWIMMING POOL / HOT TUB**
- ZONING DETERMINATION

OTHER: new concrete parking space

*Indicate location, height, and type of fence or wall on survey / plot plan. **Pools require a fence. Please indicate type, height, and area of fence, and location of filter.

PLEASE READ THE ZONING PERMIT INFORMATION SHEET PRIOR TO COMPLETING THIS APPLICATION

As per the Neptune Township Land Development Ordinance Section 1102, a Zoning Permit shall be issued prior to the commencement or change of use of a property, building or structure; the occupancy of any building or structure; the construction, erection, reconstruction, alteration, conversion, or installation of any building or structure; or the issuance of a Certificate of Appropriateness, where applicable.

The Neptune Township Zoning Map, Land Development Ordinance and its amendments can be found online at www.neptunetownship.org/departments/land-use.

ALL APPLICATIONS FOR PROPERTY WITHIN THE HISTORIC DISTRICT REQUIRE HPC APPROVAL

PLEASE NOTE: If any of the requested information is submitted incomplete, this application shall be returned, unprocessed.

Please print clearly:

1. BLOCK: 2003 LOT: 6 ZONE: R-2

2. ADDRESS: 24 Phoebe Dr. Neptune NJ, 07753

3. OWNER INFORMATION (required):

Name: RAYMUND VIDAL

Address: 24 PHOEBE DR.
NEPTUNE NJ, 07753

Phone: [REDACTED]

Email: [REDACTED]

APPLICANT INFORMATION (required):

Name: RAYMUND VIDAL

Address: 24 PHOEBE DR.
NEPTUNE NJ, 07753

Phone: [REDACTED]

Email: [REDACTED]

4. PRESENT APPROVED ZONING USE OF THE PROPERTY: R-2

5. PROPOSED ZONING USE OF THE PROPERTY: R-2 OR UNCHANGED

6. Describe in detail the activity or activities you are proposing. If you are proposing construction, describe in detail the dimensions and setbacks. If you are proposing a use, describe the proposed use.

In 2019 new concrete parking space installed in front yard adjacent to right side of existing driveway area. Thickness of concrete is at least 4 inches.

For more detail please see attached report.

Also plot plan, and property survey is attached.

7. Has the above referenced premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? YES NO

If YES: Date: _____ Board: ZONING Resolution # (if any): _____
 PLANNING (Please supply a copy of the resolution)

8. For all exterior work pertaining to additions and accessory structures, excluding fences, provide:
BUILDING COVERAGE: 0 % LOT COVERAGE: 38.90 %
(Please include calculations.)

40:55D-68.3. Penalty for false filing. Any person who knowingly files false information under this act shall be liable to a civil penalty not to exceed \$1,000 for each filing. Any penalty imposed under this section may be recovered with costs in a summary proceeding pursuant to "the penalty enforcement law," N.J.S.2A:58- 1 et seq.

Adopted. L. 1989, c. 67, §3, effective April 14, 1989. The applicant certifies that all statements and information made and provided as part of this application are true to the best of his/her knowledge, information and belief. Applicant further states that all pertinent municipal ordinances, and all conditions, regulations and requirements of site plan approval, variances and other permits granted with respect to said property, shall be complied with. All zoning permits will be granted or denied within ten (10) business days from the date of complete application.

RAYMUND VIDAL

OWNER NAME - Please PRINT

[Signature]

OWNER SIGNATURE

9/2/20

DATE

RAYMUND VIDAL

APPLICANT NAME - Please PRINT

[Signature]

APPLICANT SIGNATURE

9/2/20

DATE