	Side 1
	ZONING BOARD OF ADJUSTMENT TOWNSHIP OF MONROE GLOUCESTER COUNTY
	125 VIRGINIA AVENUE WILLIAMSTOWN, N.J. 08094 (856) 728-9800 Ext. #271 / #279
	NOTICE OF APPLICATION OR APPEAL
Applicant: Address:	ZBA No. <u>20-30</u> <u>Juan Cola</u> <u>5 Sicklerville Road</u> (If different than applicant) <u>Address</u> :
Telephone No.	Telephone No.
Fax No	E-Mail Address:
Attorney:	E-Mail Address: Telephone No
Address:	
Property Addr	ess: 45 Sicklov ville Road, williamstown, w/ 08094
Plate:	Block: 1807 Lot: 32 Zoning Classification: C
1. Applicat	ion concerns: (Check what is applicable) Rear/Side/FrontExisting
Use	Lot Area Yards Height Addition Building
Proposed	l building Minor/Major Site Plan Minor/Major Subdivision
Alleged	Error of Township Official Other Percentage of Lot Coverage
	cription of real estate affected: Development Name:
Location:	Sicklerville Rd.
Nearest C	Cross-Street: Cova Ave Lot size: 16,920 sf
Does Pro	perty Have Water/Sewer?PrivatePublic

Form 101

If use variance is requested for accessory structure, what is the square footage of existing home? \_\_\_\_\_

	Is this in a Pinelands area? if yes, Certificate of Filing No	Form 101 Side 2
	Present use: Present improvements upon land:	
:::::		
3.	If this application is for a use variance in conjunction with a request for a site plan approval, site waiver, or subdivision, have the appropriate forms been submitted? YES: <u>V</u> NO:	plan 
4.	If this is an appeal action of a Township Official: Date of Action:	
	Your statement of alleged error of Township Official (Include name and title of Official)	
:::::	$\wedge$	
5.	State, in detail, what you want: Permission to build volley ball court for	v my
	children toplay:1	
:::::		
6.	State why you think the Board should grant what you want. State whether or not you are claimin hardship and state specifically what hardship you are claiming:	g a
-	I APOLOGIZO I Was not aware I needed formission to put	Concrete
1	I APOLOGIZE I was not aware I needed formission to put	Id value
	to the house. I amost claiming any hardship.	
	If there have been any previous applications filed in connection with these premises state the date name under which it was filed:	and the
	0.0	
	I hereby depose and say that all of the above statements and the statements contained in any pape Submitted herewith are true to the best of my knowledge and belief.	ers or plans
C	Sworn to and subscribed before me This day of 20_20 day of 20_20 uego (Notary Public) (Signature of Applicant)	
BO	ARD USE ONLY Date application received: Deemed Complete: NINETTE M ORBACZEWSKI	
[04/	02/19 MY COMMISSION EXPIRES OCTOBER 05, 2024	

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## **Township of Monroe**

125 Virgina Åve Williamstown, NJ 08094 (856)728-9800 FAX (856)629-2143

Application No.	11108
Insp/Record No.	1522
Block/Lot	1807/32

## 45 SICKLERVILLE RD

Respondent

Co-Respondent

CELA, JUAN 45 SICKLERVILLE RD WILLIAMSTOWN, NJ 08094 (000)000-0000

Date	8/04/20	Abate/Resubmit by	Approval Date
Code/Item WORK		<u>Code Description</u> ADDITIONAL IMPROVEMENT ON PLAN NOT ON APP Additional work is being shown on the survey that is not included in the appli	<u>О.К.</u> cation.
		Two sheds are shown on the survey that was just completed that are not on permit for the installation, that fall within 5 ft to the property line.	the previous survey and have no
ZONING RE	Q	Exact square footage not provided on application. <b>ZONING REQUIREMENTS NOT MET</b> The Proposed Work at the Property does not meet the requirements for the Please see the attached Referral form for your application to the Zoning Boa Variances.	

You are the owner/responsible party of the subject property. You have by the abate by date above, to take the required corrective action. Complying within that time, you will avoid multiple complaints being filed with the Municipal Court of the Township of Monroe without further notice to you, If convicted, this may subject you to a fine and other penalties at the discretion of the Judge.

If you have any questions, please call at (856)728-9800

Official(at time of notice)

Date

Official (When all items are abated)

Date

## REFERRAL FORM TO THE LAND USE BOARDS

Diamaina	Deard.	
Planning	Board:	

Zoning Board: \_\_\_\_

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APPLICATION DETAILS

Date: \_8/4 1205 Cela, uan Name of Applicant: \_ Address of Applicant:  $\_45$ Sickl or vo Block: 1807 32 Lot(S): Zone: Pinelands:

THIS APPLICATION FOR A ZONING PERMIT NEES THE FOLLOWING LAND USE BOARD APPROVAL BUT NOT LIMITTED TO ANY PROFESSIONAL REVIEW FOR THE BOARD:

VARIANCES:	REQUIREMENTS: PROPOSED: NEED:
USE:	SFD- (R-2 Repurements of Server Service) 51 × less than Bulk Variance
SIDE YARD:	51× less thank for al Variance
REAR YARD:	5 × less than Buch Prounder
FRONT YARD:	5
BULK:	
LOT AREA:	
LOT WIDTH:	
LOT COVERAGE:	20°10 approx 750/0
ENCROACHMENT INTO BUFFER	
WAIVERS:	
SIDEWALK WAIVER	
SITE PLAN WAIVER	
SITE PLAN:	
MINOR SITE PLAN	
MAJOR SITE PLAN	
SUBDIVISION	
MINOR SUBDIVISION	
MAJOR SUBDIVISION	
- a Sh	ods installed no Flimits
tand Pour	Min 5' to property love
Zoning Officer Signature	Date

CC: Applicant, Land Use Board Secretary, file

RECEIVE CON NROE TWP ONROE TWP ONROE TWP ONING OFFICE DATE APP COMPLETE A Zoning Permit must be obtained prior to the con- alteration of any structure within the Township of Monroe, and	Ompleting and submitting application* Williamstown, NJ 08094   ONLY APP #   APP # ONLY   INE APP #
Work Site Information:	
Work Site Address: 45 Sick Orville Road Block: 190	F Lot: 37 Qualifier:
Property & Owner Information	Tenant/Contractor Information (if Applicable)
Owner Name: Juon CCCC and I	Contractor Name:
Owner Mailing Address: 45 SiCK WOULD KOOL	Contractor Address:
Williamstown NJ 00034	
Owner Phone #:	Contractor Phone #:
	Business Tenant Name:
Pinelands: Yes or No Wetlands: Yes or No	Tenant Address Outside of Location:
HOA: Yes or No Easement: Yes or No	
Variance Approval: Yes or No If yes, Resolution #	Tenant Phone #:
*Commercial Applicants must submit Business Que	stionnaire in addition to Zoning Permit Application*
Did you attach a copy of your Survey / Plot Plan as directed on the	e checklist with setbacks stated? Yes No
Email address where any questions, status change and approval of	denial can be sent
PROPOSED USE/STRUCTURE/IMPROVEMENT - Please state first w	
detail as possible, including all dimensions including height of structure 100 POWOM PATONO SCICLION OF Play Valley Salle W COVER by Play Valley Salle W COVER by	Cures, solar panel count and sq. ft. of concrete when applicable OUN. DCK UNK FOV QUUL KIDS HO L. HY LOUP

## **Certification in Lieu of Oath**

I hereby certify that I am the owner of record and am authorized to make the application. I further understand that it is the owner's responsibility to verify with the state that no wetlands and/or flood hazard areas or conservation easements are being disturbed by the proposed activity/activities. The owner is also responsible for any repairs that may result from patio/deck/pool installations/enlargements that encroach upon any easement.

I also understand that the Zoning Permit will expire ONE YEAR from the date of issuance, unless extended by the date stated on the permit. All permits require closure, by either a UCC Certificate or notification by the Owner of the Property or Contractor.

OFFICE USE ONLY BELOW:
DEA HIA PAYMENT INFORMATION:
Fee Collected: Check #: Cash: MO#: Received: 79 20
ENGINEERING & INSPECTION INFORMATION ONLY
ENGINEERING REQUIRED Rec'd Approval Rec'd Final Compliance
GRADING WAIVER GRANTED Rec'd Approval ENGINEERING NOT REQUIRED
Inspection Date Performed & Findings:
Permit Closure Document and Date:

APPROVED BY ZONING OFFICER:

Date

