

**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

ZBA No. 20-35

Applicant: Jeff Capps Owner: _____
(If different than applicant)

Address: 339 Staggerbush Rd Address: _____
Williamstown NJ 08094

Telephone No. The Pool Store Telephone No. _____
856-286-3300

Fax No. _____ E-Mail Address: Cindy@thepoolstore.com

Attorney: _____ E-Mail Address: _____
Telephone No. _____

Address: _____

Property Address: 339 Staggerbush Rd Williamstown NJ 08094

Plate: _____ Block: 103.0202 Lot: 4 Zoning Classification: _____

1. Application concerns: (Check what is applicable)

Use _____ Lot Area _____ Rear/Side/Front _____ Height _____ Addition _____ Existing Building _____

Proposed building _____ Minor/Major Site Plan _____ Minor/Major Subdivision _____

Alleged Error of Township Official _____ Other BUK variance Percentage of Lot Coverage

2. Brief description of real estate affected: Development Name: Carnage glen

Location: 339 Staggerbush Rd

Nearest Cross-Street: Rushfall Dr. Lot size: 10125 sq ft.

Does Property Have Water/Sewer? _____ Private Public

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

Is this in a Pinelands area? Yes if yes, Certificate of Filing No. N/A
(Please attach a copy of Certificate of Filing if applicable)

Present use: Residential Present improvements upon land: SFD

3. If this application is for a use variance in conjunction with a request for a site plan approval, site plan waiver, or subdivision, have the appropriate forms been submitted? YES: _____ NO: _____

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) _____

5. State, in detail, what you want: Requesting relief of 30% maximum impervious lot coverage for the installation of a 16x32 inground pool with concrete and any/or all other variances and waivers needed. Requesting 37.7% impervious coverage

6. State why you think the Board should grant what you want. State whether or not you are claiming a hardship and state specifically what hardship you are claiming:

Hardship due to size of lot.

7. If there have been any previous applications filed in connection with these premises state the date and the name under which it was filed:

I hereby depose and say that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Sworn to and subscribed before me
This 28 day of August 20 20

Cindy Murschell
(Notary Public)

CINDY MURSCHELL
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50055994
My Commission Expires 3/6/2022

William Simpson
(Signature of Applicant)

BOARD USE ONLY Date application received: 8-28-2020 Deemed Complete: _____

Public hearing date: 9/15/2020 By: [Signature]