

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. 20-47

Applicant: Kenneth Cinali Owner: _____

Address: 520 Denise Ct (If different than applicant) Address: _____

Williamstown NJ 08094

Telephone No. The Pool Store 856-286-3300 Telephone No. _____
ext. 102

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

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

Address: _____

Property Address: 520 Denise Ct, Williamstown NJ 08094

Plate: _____ Block: 13201 Lot: 43 Zoning Classification: RG-30

1. Application concerns: (Check what is applicable)

Use _____ Lot Area _____ ^{Rear/Side/Front} Yards Height _____ Addition _____ Existing Building _____

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

Alleged Error of Township Official _____ Other Bulk Variance setbacks and percentage of lot coverage

2. Brief description of real estate affected: Development Name: _____

Location: 520 Denise Ct

Nearest Cross-Street: Rosebud Drive Lot size: _____

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: _____

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 and relief of 10' side setbacks for the installation of a 16x32 inground pool with concrete and any and or all other variances and waivers needed. Requesting 50% impervious coverage maximum and 5' side setbacks.

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:

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 CINDY MURSCHHELL in any papers or plans Submitted herewith are true to the best of my knowledge and belief.

CINDY MURSCHHELL
NOTARY PUBLIC OF NEW JERSEY
Commission # 50055994
My Commission Expires 3/6/2022

Sworn to and subscribed before me
This 24 day of November 20
Cindy Murschell
(Notary Public)

[Signature]
(Signature of Applicant)

BOARD USE ONLY Date application received: 11-25-2020 Deemed Complete: _____

Public hearing date: 12-15-2020 By: [Signature]