## 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. 20-49
Applicant: Paul McCullough	Owner: Paul Merallough (If different than applicant)
Address: 1419 CranLeigh Lane	(If different than applicant) Address:
Williamstan, DF08094	
Telephone No.	Telephone No.
Fax NoE-M	ail Address:
	E-Mail Address:
Attorney:	Telephone No.
Address:	
Address:	
	1 LANE WILLIAMSTOWN NJ 08094
Plate: 36.01 Block: 36.0101	Lot: 9 Zoning Classification: RG-PR
1. Application concerns: (Check what is applical	
Rear/Side/Front	Existing
Use Lot Area Yards	Height Addition Building
Proposed building Minor/Major Sit	e Plan Minor/Major Subdivision
Alleged Error of Township Official	Other LOT Coverage
2. Brief description of real estate affected: Deve	elopment Name:
Location: 1419 CRANLEIGHLANE	_
Nearest Cross-Street: Corkery Lane	Lot size: 170(e)
Does Property Have Water/Sewer?Privat	
If was an in the state of the s	ure, what is the square footage of existing home?

	Is this in a Pinelands area? if yes, Certificate of Filing No \(\mathcal{D}\) \(\mathcal{B}\) (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: INSTALL 18' × 41'7" Inground Pool. Concrete						
	WAIK 3 PATIO 8995 g FT. Concrete Swim Spalato 1175 g FT.						
:::::	Future Covered Roof Deck 842 Sq. FT. Requesting 6:10% Delie F.						
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:  POST TRAUMATIC STRESS DISORDER. MEDICAL REASONS.						
:::::							
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: YES PAUL MCCUllough LOT Coverage 20-34						
:::::							
	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 day of						
	Harly Milullouses						
	(Notary P) blic) MEGAN N LUNSCHIN (Signature of Applicant)  Notary Public - State of New Jersey						
_ ^	My Commission Expires Aug 11, 2025						
BO	ARD USE ONLY Date application received Deemed Complete:						
104/	Public hearing date: By:						

## REFERRAL FORM TO THE LAND USE BOARDS

Planning Board:			Zoning Board:				
	APPLICA	TION DETAILS					
Date: 12 14 2000							
Name of Applicant: Paul	McCulloys						
Address of Applicant: 1419	Canleign						
Block: 340   Lot(S): 2	93 0						
Zone: RGPR Pinelands:	28						
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: PR	OPOSED: NE	ED:				
USE:			-				
SIDE YARD:							
REAR YARD:	10.00						
FRONT YARD:							
BULK:							
LOT AREA:		·	-				
LOT WIDTH:				- 10			
LOT COVERAGE:	31.16	36.10	Bulh	- Lot Coverage			
ENCROACHMENT INTO BUFFER				U			
WAIVERS:							
SIDEWALK WAIVER							
SITE PLAN WAIVER							
SITE PLAN:							
MINOR SITE PLAN	Accessional Accession						
MAJOR SITE PLAN	-						
SUBDIVISION							
MINOR SUBDIVISION							
MAJOR SUBDIVISION	-						
COMMENTS:							
X	1						
	)						
Jaratey.	arl		12	214/2-000			

Date

CC: Applicant, Land Use Board Secretary, file

Zoning Officer Signature







