	Form 101 Side 1	
ZONING BOARD OF ADJUSTMENT TOWNSHIP OF MONROE GLOUCESTER COUNTY		
WILLIAMS (856	SINIA AVENUE TOWN, N.J. 08094 9) 728-9800 #271 / #279	
NOTICE OF APPI	ICATION OR APPEAL	
Applicant: Personal Home Renovations	<u>ZBA No. 21-03</u> Owner:	
Address: 632 Johnson rd	If different than applicant) Address:	
SICKLERVILLE, NJ 08081		
Telephone No.	Telephone No	
Fax No E-Mai	Address:	
	E-Mail Address: Telephone No	
Property Address: 1607 McCarty avt	2	
Plate: Block: I	Lot: <u>14</u> Zoning Classification: <u>R2</u>	
1. Application concerns: (Check what is applicabl Rear/Side/Front Use Lot Area Yards	e) Existing Height Addition Building	
Proposed building Minor/Major Site Plan Minor/Major Subdivision		
Alleged Error of Township Official Other BUIK VANANCE (30%)		
2. Brief description of real estate affected: Develo	opment Name:	
Location: <u>1607 McCarty ave</u> Nearest Cross-Street: <u>CalStal dr</u> Lot size: 12,5° × 1,50°		
Does Property Have Water/Sewer? $\sqrt{\frac{9}{2}}$ Private $\sqrt{\frac{9}{2}}$ Public, $\frac{9}{2}$		
If use variance is requested for accessory structu	Water	

		Form 101 Side 2
	(Please attach a copy of Certificate of Filing if applicable) Present use: <u>SFD</u> 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: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: <u>BUK VARIANCE to ALLOW FOR USAGE</u> OF 30% OF LOT to build a 16 × 40' addition on to he	ome
to lac to allo	State why you think the Board should grant what you want. State whether or not you are claiming hardship and state specifically what hardship you are claiming: WE ARE <u>PEMOUING &amp; rEDUILDING EXISTING 15×14' STUCH</u> <u>E OF CODE COMPLIANCE AND WANT TO ADD THE TOTAL IG ×4</u> <u>N FOF MORE LIVING SPACE.</u>	ure due
:::: 7.	If there have been any previous applications filed in connection with these premises state the date a name under which it was filed:	and the
BC	I hereby depose and say that all of the above statements and the statements contained in any paper Submitted herewith are true to the best of my knowledge and belief. Sworn to and subscribed before me This day of January 2021 Manuary 20	rs or plans
[04	2/19] Public hearing date: <u>2/16/21</u> By: <u>Leche</u>	

## REFERRAL FORM TO THE LAND USE BOARDS

Planning Board:		Zoning Board:
	APPLICATION DETAILS	
Date:		
Name of Applicant: Persona	1 Home Renovations	
Address of Applicant: 1607 Mc	Cartyave	
Block: 602 Lot(S): 10	<u>f</u> 0-	
Zone: <u>K2</u> Pinelands:	- 11 P- 11 14 14	

## 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:				
SIDE YARD:	20	48.8	oh	
REAR YARD:	75	30	Bulk	
FRONT YARD:	×	t	×	
BULK:	<u> </u>			
LOT AREA:				
LOT WIDTH:	,			
LOT COVERAGE:	20%	+ 20°/2	Bulk	
ENCROACHMENT INTO BUFFER	250	10 apply 2530		
WAIVERS:				
SIDEWALK WAIVER				
SITE PLAN WAIVER				
SITE PLAN:				
MINOR SITE PLAN				
MAJOR SITE PLAN				
SUBDIVISION				
MINOR SUBDIVISION				
MAJOR SUBDIVISION		0		ADONNO A
COMMENTS:	ddition y	Rot Conciag	2 will be one	~ 20% by 9089.ft
1		0		00
- Ala				-
pue netry				-

Date

CC: Applicant, Land Use Board Secretary, file

**Zoning Officer Signature** 

A Zoning Permit alteration of any structure Work Site Information:	Please be sure to read checklist before of DATE APP COMPLETE	61	TOWNSHIP OF MONROE Zoning Department 125 Virginia Avenue Williamstown, NJ 08094 Device Joon Octown Hindlorg (856)728-9800 ext. 237, 222 RESIDENTIAL FEE - \$50 NON-RESIDENTIAL FEE - \$100 RESUBMISSION/CHANGE FEE - \$25 t. (Monroe Twp Code 175-3A)
Work Site Address: 16071	ACCORTNAVE Block: 6(	)2. Lot: 14	Qualifier:
Property & Owner Informat	ion	Tenant/Contractor Information	(if Applicable)
Owner Name: Personal Hom	e Kenovations LLC.	Contractor Name: PEISADAL DP	A
Owner Mailing Address: 10.32 JO	hoson rd	Contractor Address: 0.32 JONDE	
DICKIELVITTE, N.I _021	781	SICKIPEVILLE NI 1203	
Owner Phone #: ( )		Contractor Phone #:	
The property has (Circle One/A	nswer all): Sewer or Septic)	Business Tenant Name:	
Pinelands: Yes or No	Wetlands: Yes or No	Tenant Address Outside of Location	
HOA: Yes or No	Easement: (Yes) or No	Condite Address Outside of Location	
Variance Approval: Yes or (	No) If yes, Resolution #	Tenant Phone #:	
*Commercial App	licants must submit Business Que	stionnaire in addition to Zania B	
*Commercial Applicants must submit Business Questionnaire in addition to Zoning Permit Application* Did you attach a copy of your Survey / Plot Plan as directed on the checklist with setbacks stated? Yes No Email address where any questions, status change and approval or denial can be sent			
Demolition of exit construct a new demolition of the installation of pr New addition with	PROVEMENT - Please state first w nensions including height of struc Sting 14 × 16 bac 16 × 140 addition to PVISTING 14 × 16 Str OPEC FOODINGS FOR have an 21 cool	hat you are requesting an approval for tures, solar panel count and sq. ft. of <u>K (DOM STUCTUCE TO</u> <u>ALLOW FOR MORE LIVIN</u> <u>UCTULE IS REQUIRED TO THE DEW 16' * 40' O M HEIGHT.</u>	r, and then include as much concrete when applicable. In En In Space. The Callow for addition.
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.

Property Owner ONLY - Print: Kevin 6000 Win Signature	Lacu Leelew Date: 113 21
OFFICE USE ONLY	BELOW

## **PAYMENT INFORMATION:** Fee Collected: Check #: \)\ Cash: MO#: Received: 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: \_

2P: 11615

515 Grove Street Suite 1B Haddon Heights, NJ 08035 T: 856-547-0505 F: 856-547-9174

www.pennoni.com

MTSPX20001

Pennon

January 29, 2021

Tara Nelms, Zoning Officer Township of Monroe 125 Virginia Ave, Ste 5A Williamstown, NJ 08094

RE: Lot Grading Waiver Application, Dated 1/15/2021 Applicant: Personal Home Renovations, LLC Lot 14 Block 602 1607 McCarty Avenue

Dear Tara:

Our office has reviewed the above referenced Lot Grading Waiver Application and sketch provided.

The applicant requests approval to demolish an existing  $16' \times 14'$  backroom and construct a  $16' \times 40'$  addition. Given the additional information provided, we find that the addition should not have an adverse effect on the adjacent lots. We approve the application as submitted for Lot Grading Waiver.

Christopher R. Kunder, ElT -

Respectfully submitted,

Pennoni Associates, Inc.

Joseph Raday, PE, CME Township Engineer

Cc: (via email only) Bryan Glaze, Construction Code Official Jennifer Wahl Judith DelConte

Personal Home Renovations, LLC (Kevrgood@comcast.net)

U:\Accounts\MTSPX\MTSPX20001 - General Engineering\COMMUNICATION\SENT\Grading Waiver\Grading Waiver Approval 1607 McCarthy Ave.docx

Staff Engineer









