Borough of Keyport
ZONING OFFICER
70 WEST FRONT ST
P.O. BOX 60
KEYPORT, NJ 07735
(732) 739-5134
DOLSEN@KEYPORTONLINE.COM

Application Date: 3/17/2022
Application Number: ZA-22-053
Permit Number:
Project Number:

Fee: $325

Denial of Application

Date: 3/21/2022

To: FERGUSON, MARIA
280 WASHINGTON ST
KEYPORT, NJ 07735

CC: APP TELE:(732) 239-1862
APP EMAIL:MFERGOS7@AOL.COM

RE: 280 WASHINGTON
BLOCK: 8 LOT: 23 QUAL: ZONE:

DEAR FERGUSON, MARIA,

SECOND FLOOR ADDITION
SEE ATTACHED PLANS

Your request is hereby denied based upon the following requirements:

The following comments were made during the denial process:

ADDITION IS IN THE SETBACKS.

DEAR APPLICANT:

YOUR ZONING APPLICATION HAS BEEN DENIED BASED ON LAND USE REGULATION ORDINANCE. INFORMATION FOR AN APPEAL OF THIS DECISION TO THE PLANNING BOARD CAN BE OBTAINED FROM THE SECRETARY OF THE BOARD. NOTICE OF APPEAL OF THIS DECISION MUST BE FILED WITH THE UNIFIED PLANNING BOARD NO LATER THAN SIXTY-FIVE (65) DAYS FROM THE DATE OF THIS NOTICE.

Sincerely,

DAVID OLSEN, ZONING OFFICER

RE~ MAR 16 2022 BY: Sofia Clark

ZONING APPLICATION

Borough of Keyport
70 West Front Street
Keyport, N.J. 07735
P - 732-739-5135 F - 732-739-3479
www.keyportonline.com

THE BOROUGH OF KEYPORT, N.J.

Estimated Cost of Work: $ 65,000 **Fee: $** 325

Address of Proposed Work or Use: 280 Washington Street

Block: 8 **Lot(s):** 23 **Zone:** RA **CN:**

Owner's Name: FERGUSON, MARIA **Telephone:** 732-239-1862

Address: 280 Washington Street, Keyport NJ 07735 **E-Mail:** mmfergos7@aol.com

Contractor or Applicant (*If different from above*) Information:

Name: Po Wu (Architect) **Telephone:** 551-574-2271

Address: 656 Martense Avenue, Teaneck NJ 07666 **E-Mail:** poarchitect@hotmail.com

License #: 21AI01869100

Type of Work and/or Use (Check all that apply):

■ **Addition** ❑ **Renovation** ❑ **Alteration** ❑ **Reconstruction** ❑ **Repair** ❑ **Flat Work**
❑ **New Construction** ❑ **Change of Use** ❑ **Commencement of Use**
❑ **Accessory Use/Structure:** ❑ **Shed** ❑ **Fence** ❑ **Other:**

Size of Property: Lot Area 8,150 **Sq Ft. Frontage:** 40 **Ft Depth:** 203.5 **Ft**
Principal Building: Type: R-5 single family **Gross Floor Area:** 1,800 SF **Lot Coverage:** 2,087 SF
Lot Coverage 25.6 **Percent Building Height:** 24.8 **Ft**
Accessory Building: Total Area N/A **Rear Yard Set Back** 143.4 **Ft Side Yard set back** 1.3/13

second floor addition

Owner's Signature: Maria Ferguson **Date:** 3-17-22

Keyport Unified Planning Board prior approvals or applications: Has this property, to your knowledge, ever been subject of any prior applications to the Keyport Unified Planning Board? (X) No ( ) Yes

If yes, provide date(s):

Notes:
1) All Zoning Permit Applications must be accompanied by a current Property Survey drawn to scale and including locations and distances to property lines of all structures, improvements, proposed work, etc..
2) Elevations shall be measured at five (5) separate points five (5) feet out along the entire front façade of the principal structure and around the entire perimeter of accessory structures to determine the average grade for purposes of confirming the structure's height.

FOR OFFICE USE ONLY:

Log #: 22-053 **Date Received:** _____

Documents submitted:

Prior Approvals:

Received	N/A	
☐	☐	Zoning Board Variance Approval (Date of resolution approving work: _____)
☐	☐	Preliminary Planning Board ( ) or Zoning Board ( ) approval
☐	☐	Final Planning Board ( ) or Zoning Board ( ) approval (Administrative Officer sign off)
☐	☐	Board of Health, Bayshore Regional Sewerage Authority Approval
☐	☐	Freehold Soil Application or approval letter (For soil disturbance greater than 5,000 sq. ft.)
☐	☐	N.J.D.E.P. approval for site work involving wetlands (Cert # : _____)
☐	☐	Other: _____

Application Documents:

Received	N/A	
☐	☐	Tax Certification
☐	☐	Payment (Check number: _____ amount: $ _____ or cash: $ _____
☐	☐	Two (2) copies of a current signed and sealed Survey with locations of proposed work.
☐	☐	Three (3) sets of Plans (Signed & sealed by Professional or signed & dated by Homeowner)
☐	☐	Signed Developer's Agreement
☐	☐	Three (3) sets of Soil and Erosion Plans (two (2) sets for Borough Engineer)
☐	☐	Fencing Certification / Silt Fence
☐	☐	Other: _____

Documents Prior to Final Approval:

Received	N/A	
☐	☐	Foundation Location Survey (Date received: _____)
☐	☐	Two (2) copies of signed and sealed FINAL Survey (Date received: _____)
☐	☐	Other: _____

Notes:

☐ **Approved** **Zoning Permit #:** _____

☑ **Denied** **Reason:** Addition is in the Setbacks

Signature: _____ **Date:** 3/18/19

Inspector Assigned: _____

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 280 WASHINGTON PLACE, KEYPORT, NJ 07735

Tax Map: Block 8 Lot(s) 302.50

Dimensions: Frontage _____ Depth _____ Total Area 8150 SF

Zone District: _____

Location of the property is approximately _____ feet from the intersection of _____ and _____.

The property is located within 200 feet of another municipality: _____ NO _____ YES
If yes, name of municipality _____

The property fronts on a County Road or State Hwy: _____ NO _____ YES

COUNTY ROUTE NO. _____ STATE HWY NO._____

2. APPLICANT INFORMATION

Full Legal Name: MARIA TERESA FERGUSON

Address: 280 WASHINGTON PL, KEYPORT, NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-239-1862 EVENING _____

Applicant is a: _____Corporation _____ Partnership _____ Sole Proprietor X Resident

3. OWNER IF DIFFERENT FROM APPLICANT

If the owner of the property is someone different from the Applicant, then please complete the following:

Owner's Name:_____

Address:_____
(Street) (City) (State) (Zip)

Telephone Numbers: DAY _____ EVENING _____

4. ADDITIONAL PROPERTY INFORMATION

Restrictions, covenants, easements, homeowners/condo association by-laws, existing or proposed on the property:

___YES (attach copies and/or copy of deed) ___PROPOSED (attach description) ___NONE

NOTE: All Deeds Restrictions, covenants, easements, association by-laws, either existing or proposed, must be submitted for review, and must be written in easily understandable English in order to be approved.

Present use of the premises and proposed use (describe in detail): _____
_____
_____
_____

5. APPLICANT'S EXPERTS / REPRESENTATIVES

Applicant Attorney: _____
(Name and Firm if Applicable)

Address:_____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

Applicant Engineer: _____
(Name and Firm if Applicable)

Address:_____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

Applicant Planning Consultant: _____
(Name and Firm if Applicable)

Address:_____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

Applicant Traffic Engineer: _____
(Name and Firm if Applicable)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

6. OTHER EXPERTS

List any other expert(s) who will submit a report and/or testify on behalf of the Applicant.

Name: _____ Field of Expertise: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Fax _____

7. RELIEF BEING REQUESTED

SUBDIVISION APPROVAL

_____ Minor Subdivision

_____ Major Subdivision _____ Major Subdivision – Final

_____ Number of Lots to be Created _____ Number of Proposed Dwelling Units

Note: A "Plan of Subdivision" must be submitted in accordance with the submission requirements set forth in the Submission Checklist and the Borough of Keyport Ordinance.

SITE PLAN APPROVAL

_____ Major Site Plan Approval _____ Minor Site Plan Approval

_____ Preliminary Site Plan Approval (phases – if applicable) _____

_____ Final Site Plan Approval (phases – if applicable) _____

_____ Amendment or Revision to an Approval Site Plan (Area to be disturbed – square feet)

_____ Request for a Waiver from Site Plan Review and Approval. Reason for Request: _____

_____

_____

OTHER

_____ Informal Review of _____

_____

_____ Appeal Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.) Describe nature of appeal:_____

_____

_____

_____

_____ Interpretation of Map or Ordinance, or Decisions upon Special Questions (N.J.S.A. 40:55D 70.b.) Explain:_____

_____

_____

__X__ Variance Relief-Hardship (N.J.S.A. 40:55D-70c (1)) Provide Reasons:_____

_____

_____

_____ Variance Relief-Substantial Benefit (N.J.S.A. 40:55D-70c (2)) Provide Reasons:_____

_____

_____

_____ Variance Relief-Use (N.J.S.A. 40:55D-70cd) Provide Reasons:_____

_____

_____

	EXISTING	**PROPOSED**	**REQUIRED**
Minimum lot area:*	_____	_____	_____
Building coverage limit:*	_____	_____	_____
Front yard setback:*	_____	_____	_____
Side yard setback:*	1'-3" FT	_____	6 FT
Rear yard setback:*	_____	_____	_____
Roadway setback:	_____	_____	_____
Impervious coverage limit:	_____	_____	_____
Parking spaces:*	_____	_____	_____
Building height:*	_____	_____	_____

*DENOTES ITEMS REQUIRED ON THE SITE PLAN.

7. SUBMISSION REQUIREMENTS

The Applicant is required to submit each of the following, unless otherwise noted:

A. Application: An Original and nineteen (19) copies to the Board Secretary (Total 20) must be submitted (with attached site plan, plot plan, survey and/or other pertinent documents).

B. Escrow Agreement (Form #1): Sign and submit with original copy of application

C. Notice of Public Hearing (Form #2): DO NOT MAIL TO PROPERTY OWNERS UNTIL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY. Submit a draft copy (leaving date of hearing blank) and submit with original application. *(Not required for minor subdivision where no variances are requested)*

C. Affidavit of Publication – Asbury Park Press: Evidencing that the Notice of Public Hearing (Form #3) was published at least ten (10) days prior to the hearing date: (DO NOT PUBLISH NOTICE IN NEWSPAPER UNITL AUTHORIZED TO DO SO BY THE BOARD'S SECRETARY) Submit to the Board's Secretary as soon as received by the newspaper. (Not required for minor subdivision where no variances are requested)

D. Affidavit of Service – with attachments (Form #4). Submit to the Board's Secretary along with Original copies of Certified Mail Receipts stamped by the US Post Office as to the date of mailing, and a copy of the Notice of Public Hearing (Form #2) with hearing date.

E. Tax Payment Certification (Form #5). Submit with Original copy of Application.

8. OTHER APPROVALS, WHICH MAY BE REQUIRED, AND THE DATES THAT PLANS/APPLICATIONS WERE SUBMITTED:

AGENCY OR PERMIT	YES	NO	DATE PLANS SUBMITTED
Borough of Keyport Health Dept	_____	_____	_____
Borough of Keyport Planning Board	_____	_____	_____
Freehold Soil Conservation District	_____	_____	_____
NJ Dept. of Transportation	_____	_____	_____
JCP&L	_____	_____	_____
Other: _____	_____	_____	_____

*NJ Dept of Environmental Protection

*Check nature of approval(s) needed on next page:

____ Sewer Extension Permit; ____Sanitary Sewer Connection Permit; ____Potable Water Construction Permit;

____ Stream Encroachment Permit; ____ Wetlands Permit; _____ Tidal Wetlands Permit; ____ Other_____

List of Maps, Reports and other materials accompanying this application (attach additional pages as required for complete listing): _____

_____

_____

_____

_____

9. OTHER INFORMATION ATTACHED IN SUPPORT OF YOUR APPLICATION.
(List specific information attached and its importance/significance to your application): _____

_____

_____

_____

10. CERTIFICATIONS

APPLICANT

I certify that the foregoing statements and the materials submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant that I am authorized to sign the application for the Corporation, or that I am a general partner of the partnership applicant. (If the Applicant is a corporation, this application must be signed by an authorized corporate officer as indicated in a resolution of the corporation which must be attached hereto. If the applicant is a partnership, this must be signed by a general partner).

Sworn to and subscribed before me this

19 day of May, 2022

NOTARY PUBLIC

X Ferguson
SIGNATURE OF APPLICANT

CHRISTOPHER HAMILTON
NOTARY PUBLIC OF NEW JERSEY
Commission # 50123787
My Commission Expires 03/03/2025

MARIA TERESA FERGUSON
Applicant's Name (Print)

OWNER (IF DIFFERENT FROM APPLICANT)

I certify that I am the Owner of the property which is the subject of this application, that I have authorized the applicant to make this application and that I agree to be bound by the application, the representations made by the applicant, and the decision of the Board in this matter.

Sworn to and subscribed before me this

_____ Day of _____, 20___

_____

NOTARY PUBLIC

X_____
SIGNATURE OF OWNER

_____
Owner's Name (Print)

ESCROW AGREEMENT

THIS AGREEMENT (the "Agreement") is entered into this _____ day of _____ 20____ by and between the KEYPORT UNIFIED PLANNING BOARD (the"Board") and MARIA TERESA FERGUSON (the "Applicant").

1. PURPOSE. The Board authorizes its professional staff to review, inspect, report to the Board, and study all plans, documents, statements, improvements and provisions submitted by the Applicant to the Board or pursuant to relief granted to the Applicant by the Board. The Board is entitled to reimbursement from an Applicant for all reasonable costs/fees incurred by the Applicants in accordance with N.J.S.A 40:55D-8, and N.J.S.A 40:55D-53 et seq. of the New Jersey Municipal Land Use Law ("MLUL").

2. ESCROW ESTABLISHED. The Board, Borough and Applicant, in accordance with the provisions of this Agreement, hereby create an escrow deposit account to be established with the finance office of the Borough of Keyport.

3. ESCROW FUNDED. The Applicant, by execution of this Agreement, shall pay to the Borough to be deposited in the account referred to in paragraph 2 above.

4. INCREASE IN ESCROW AMOUNT DEPOSITED. If, during the existence of this escrow agreement, the funds deposited into said escrow account are insufficient to cover any voucher or bill submitted by the Board's professional staff, the applicant shall, within fourteen (14) days of receipt of a notice from the Board or the Borough that a deficiency in the escrow exists, provide such funding as required to fund the existing deficit as well as to pay for projected costs and fees associated with the ongoing professional reviews, inspections, etc., pursuant to applicable Borough ordinances governing the same, as well as the MLUL.

5. DISPUTES AND APPEALS. Should any disputes arise by and between the applicant and the Borough and/or the Board with respect to either the funding of, or payment from, the escrow account established herein, then the settlement of any and all disputes, including appeals from any decisions made by the Borough and/or the Board regarding such escrow account shall be made as called for by the applicable ordinance of the Borough of Keyport and the provisions of the MLUL.

6. COLLECTION OF DELINQUENT ESCROW BALANCES. Should the Applicant fail to adequately and on a timely basis fail to fund its escrow account so that the payment of necessary fees of the Board's professionals can be made in accordance with the law, then the Borough and/or Board shall be entitled to pursue all remedies available at either law of inequity, including but not limited to all amounts due, and simple interest at a rate of 18% per annum on all sums unpaid, beginning from 30 days after the applicant received notice of such deficiencies, if permitted by law. The Borough and/or Board shall be permitted to place a lien against any and

all properties within the Borough owned by the Applicant until such time as all sums due and owed have been paid. The Borough shall also have the right to withhold and/or suspend any building permits, the conduct of construction inspections, the issuance of certificates of occupancy, and other actions, unless and until all escrow deficiencies have been satisfied by the Applicant.

Date: May 19, 2022

X _____
SIGNATURE OF APPLICANT

MARIA TERESA FERGUSON
Owner's Name (Print)

Sworn to and subscribed before me this
19 day of May, 2022

CHRISTOPHER HAMILTON
NOTARY PUBLIC OF NEW JERSEY
Commission # 50123787
My Commission Expires 03/03/2025

NOTARY PUBLIC

Date: _____

_____
BOROUGH OF KEYPORT

Date: _____

_____
BOROUGH OF KEYPORT
UNIFIED PLANNING BOARD

FORM #2 – NOTICE SERVED ON PROPERTY OWNERS WITHIN 200 FEET OF SUBJECT PROPERTY:

BOROUGH OF KEYPORT, COUNTY OF MONMOUTH
STATE OF NEW JERSEY
NOTICE OF PUBLIC HEARING

TO: _____ OWNER OF PREMISES LOCATED AT:

_____

Also known as Block _____ Lot _____ in the Borough of _____.

PLEASE TAKE NOTICE, that the undersigned has filed an application with the Unified Planning/Zoning Board of the Borough of Keyport for the following appeal or form of relief: ___

_____

_____

_____

On the premises at _____ in the Borough of Keyport, also known as Block _____ Lot _____ on the tax maps of the Borough. This notice is being sent to you because you are a property owner within 200 feet of the property that is the subject of this application. A public hearing has been set for this application on _____, 20____ at 7:00 PM in the Keyport Borough Municipal Building, 70 West Front Street, Keyport, NJ 07735. You may appear either in person, or by agent, or by attorney, and present any objections to the granting of the relief being sought. Copies of the application and all documents, maps or other papers filed in connection with this application are on file in the Office of the Board Secretary in the Borough's Municipal Building and are available for inspection during the Borough's regular business hours.

BY ORDER FO THE KEYPORT BOROUGH
UNIFIED PLANNING BOARD

_____
(Name of Applicant)

FORM #3 – NOTICE TO BE PUBLISHED IN THE OFFICIAL NEWSPAPER OF THE BOROUGH OF KEYPORT

NOTE: Publication of this notice must appear at least ten (10) days prior to the scheduled hearing date.

NOTICE OF PUBLIC HEARING
Borough of Keyport Unified Planning Board

TAKE NOTICE that on the _____ day of _____, 20____, at 7:00 PM, a hearing will be held before the Keyport Unified Planning Board ("the Board") in the Council Chambers at Keyport Borough Hall, 70 West Front Street, Keyport, NJ 07735 on the application of the undersigned for the following form of relief: _____

_____

_____

_____

_____

_____

Regarding premises known as _____ in the Borough of Keyport, also known as Block _____ Lot _____ on the tax maps of the Borough. This application, along with all maps, papers and supporting documents filed with the application are on file in the Office of the Board Secretary in the Borough Municipal Building and are available for public inspection during the Borough's regular business hours. Any interested party may appear at the hearing in this matter and participate therein, either in person, by attorney, in accordance with the Rules and Regulations of the Board.

By Order of the Borough of Keyport
Unified Planning Board

_____
(Applicant-Print Name)

FORM #4

AFFIDAVIT OF SERVICE

State of New Jersey :
: S
County of Monmouth :

MARIA TERESA FERGUSON, being of full age and duly sworn according to law, on his/her oath deposes and says that he/she resides at 280 WASHINGTON ST (Street Address)

in the KEYPORT (City) MONMOUTH (County) NJ (State)

And that he/she did on MAY 19, 2022, at least ten (10) days prior to the hearing date scheduled before the Unified Planning Board of the Borough of Keyport set for _____, 20_____, give personal notice to all property owners within 200 feet of subject property of the application known as _____, (Street Address)

and being further known as Block _____ Lot_____ on the Tax Maps of the Borough of Keyport. Said notice was given by sending said notice by certified mail, return receipt requested. Notices were also served upon: ____ the Clerk of the Borough of Keyport, _____ the Monmouth County Planning Board, _____ Utility Companies.

A copy of the NOTICE OF PUBLIC HEARING is attached hereto, along with the CERTIFIED LIST OF PROPERTY OWNERS within 200 feet of the subject property provided to me by the Keyport Borough Tax Assessor's Office. All original CERTIFIED MAIL RECEIPTS are also attached hereto.

X Ferguson
(Signature of Applicant)

(Name of Applicant – Print)

Sworn and subscribed to before me
This 19 day of May, 2022

CHRISTOPHER HAMILTON
NOTARY PUBLIC OF NEW JERSEY
Commission # 50123787
My Commission Expires 03/03/2025

NOTARY PUBLIC

Keri Stencel.
Tax Office
732-739-5125

FORM #5

TAX PAYMENT CERTIFICATION

Pursuant to the New Jersey State Law, Chapter 174 of 1987, N.J.S.A. 40:55D-39e and N.J.S. 40:55D 65h, an applicant may be required to furnish proof that no taxes or assessments of local improvements are due or delinquent on the property for which any relief is being sought through the Unified Planning Board of the Borough of Keyport. An applicant must complete Section I of this form and request the Keyport Borough Tax Office to complete Section II which verifies that no taxes or assessments are due. When completed, the applicant should attach this form to the originally signed application that is to be submitted to the Board secretary.

SECTION I (To be completed by applicant):

I _____ residing at _____ _____ and making an application for the following relief before the Unified Planning Board of the Borough of Keyport: _____ _____

Regarding property known as Block _____ Lot(s) _____ on the Tax Map of the Borough of Keyport, located at: _____, whose owner of the record is _____, who resides at _____. I request the Tax Collector of the Borough of Keyport to determine if all taxes and/or assessments are paid on the property that is the subject of my application.

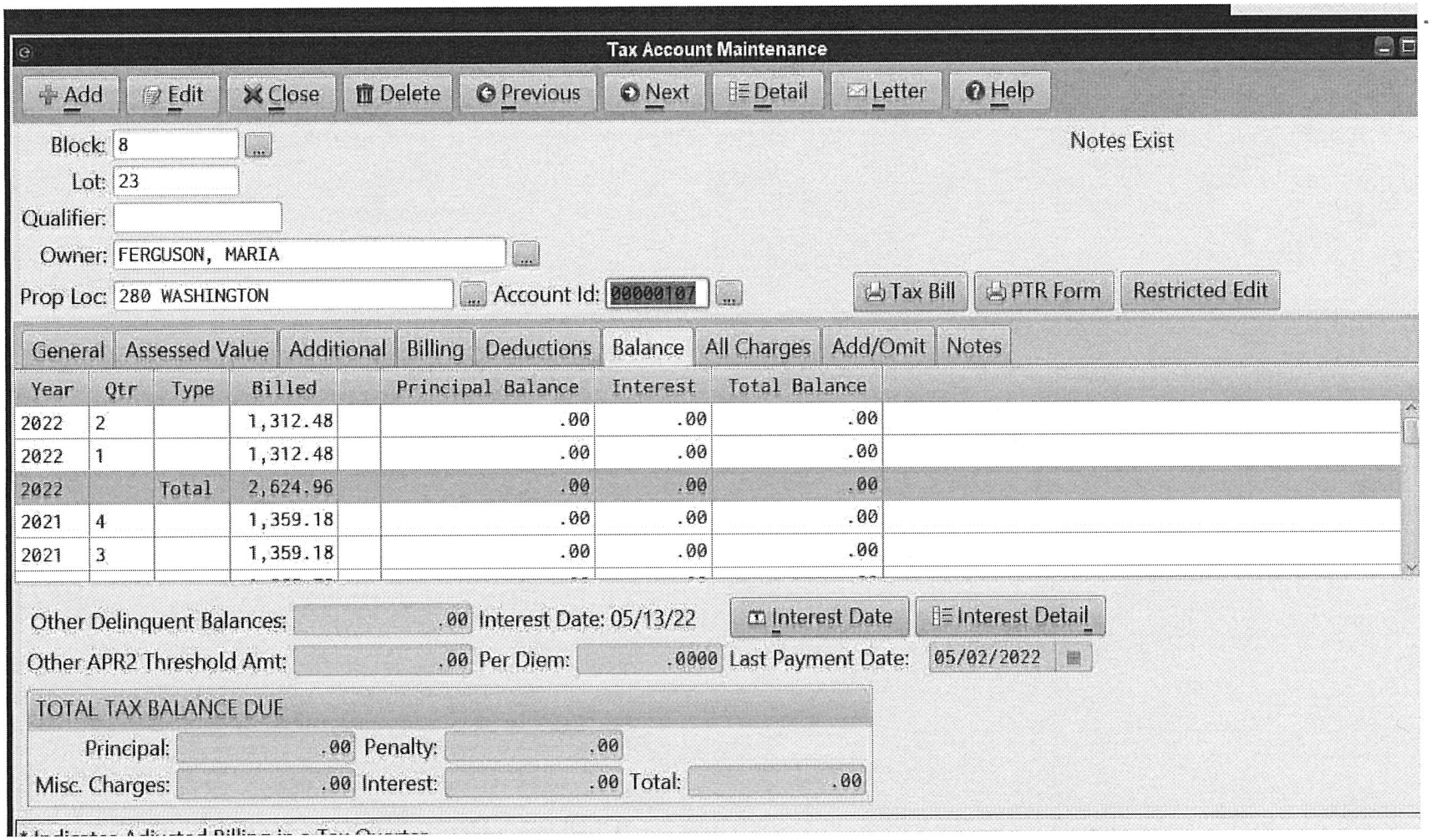
DATE OF REQUEST: _____

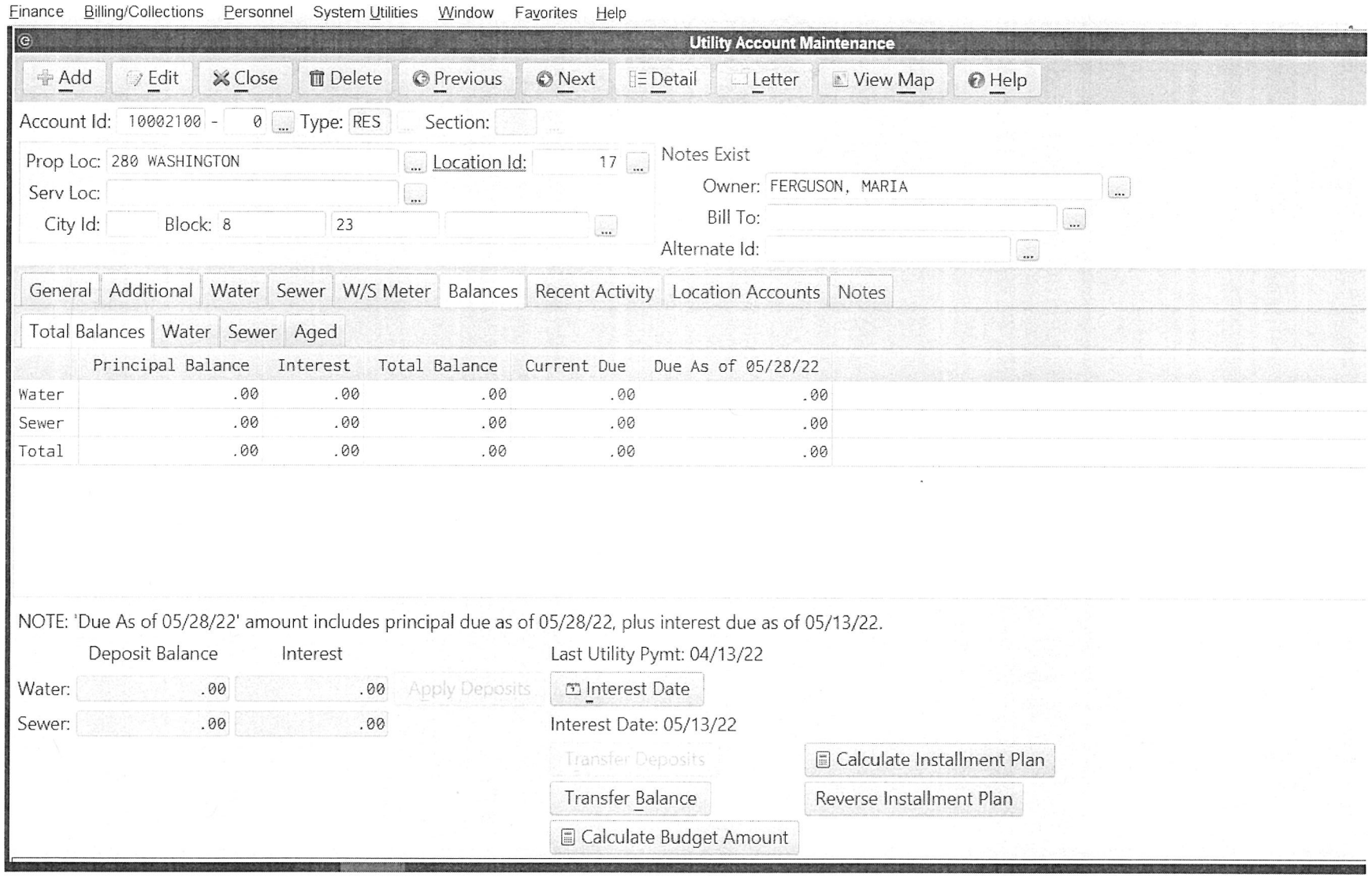
_____
(Applicant's Signature)

SECTION II (To be completed by the Keyport Borough Tax Collector)

I certify that:
- ✓ All taxes are paid up-to-date on the above referenced property
- ✓ All assessments due have been paid
- _____ The following are delinquent and past due: _____

Date: 5/13/22 (Tax Collector) Keri Stencel/kes


Tax Account Maintenance
Add
Edit
Close
Delete
Previous
Next
Detail
Letter
Help
Block: 8
Lot: 23
Qualifier:
Owner: FERGUSON, MARIA
Prop Loc: 280 WASHINGTON
Account Id: 00000107
Notes Exist
Tax Bill
PTR Form
Restricted Edit
General
Assessed Value
Additional
Billing
Deductions
Balance
All Charges
Add/Omit
Notes
Year Qtr Type Billed Principal Balance Interest Total Balance
2022 2 1,312.48 .00 .00 .00
2022 1 1,312.48 .00 .00 .00
2022 Total 2,624.96 .00 .00 .00
2021 4 1,359.18 .00 .00 .00
2021 3 1,359.18 .00 .00 .00
Other Delinquent Balances: .00
Interest Date: 05/13/22
Interest Date
Interest Detail
Other APR2 Threshold Amt: .00
Per Diem: .0000
Last Payment Date: 05/02/2022
TOTAL TAX BALANCE DUE
Principal: .00
Penalty: .00
Misc. Charges: .00
Interest: .00
Total: .00


Finance Billing/Collections Personnel System Utilities Window Favorites Help
Utility Account Maintenance
Add Edit Close Delete Previous Next Detail Letter View Map Help
Account Id: 10002100 - 0 Type: RES Section:
Prop Loc: 280 WASHINGTON Location Id: 17
Serv Loc:
City Id: Block: 8 23
Notes Exist
Owner: FERGUSON, MARIA
Bill To:
Alternate Id:
General Additional Water Sewer W/S Meter Balances Recent Activity Location Accounts Notes
Total Balances Water Sewer Aged
Principal Balance Interest Total Balance Current Due Due As of 05/28/22
Water .00 .00 .00 .00 .00
Sewer .00 .00 .00 .00 .00
Total .00 .00 .00 .00 .00
NOTE: 'Due As of 05/28/22' amount includes principal due as of 05/28/22, plus interest due as of 05/13/22.
Deposit Balance Interest
Water: .00 .00 Apply Deposits
Sewer: .00 .00
Last Utility Pymt: 04/13/22
Interest Date
Interest Date: 05/13/22
Transfer Deposits
Calculate Installment Plan
Transfer Balance
Reverse Installment Plan
Calculate Budget Amount