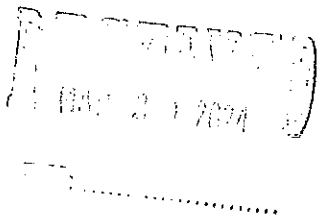

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 171 Theresa Street

Tax Map: Block 14 Lot(s) 8

Dimensions: Frontage _____ Depth _____ Total Area _____

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: Raymond Janwich

Address: 218 Washington St. Keyport N.J. 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-739-3253 EVENING 732-739-3253

Applicant is a: _____ Corporation _____ Partnership _____ Sole Proprietor ✓ 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: Doug Stout

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

Telephone Numbers: DAY _____ EVENING _____

OTHER

_____ Informal Review of _____

_____

__√__ Appeal Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.) Describe nature of appeal: Zoning officer approved change of use without going to the Planning Board

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

_____

_____

_____ 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:*			
Rear yard setback:*			
Roadway setback:			
Impervious coverage limit:			
Parking spaces:*			
Building height:*			

*DENOTES ITEMS REQUIRED ON THE SITE PLAN.

APPLICATION TO THE KEYPORT UNIFIED PLANNING BOARD

1. SUBJECT PROPERTY

Location: 171 Therese ST

Tax Map: Block 14 Lot(s) 8

Dimensions: Frontage _____ Depth _____ Total Area _____

Zone District: _____

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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: LINDA KLAWONN

Address: 226 Washington St Keyport NJ 07735
(Street) (City) (State) (Zip)

Telephone Numbers: DAY 732-902-1346 EVENING 732 902 1346

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: DOUG STOUT

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

Telephone Numbers: DAY _____ EVENING _____

OTHER

_____ Informal Review of _____

_____

_____

X Appeal Decision of the Zoning Officer (N.J.S.A. 40:55D-70.a.) Describe nature of appeal: Zoning officer approved change of use without going to Planning Board

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

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_____ 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:*			
Rear yard setback:*			
Roadway setback:			
Impervious coverage limit:			
Parking spaces:*			
Building height:*			

*DENOTES ITEMS REQUIRED ON THE SITE PLAN.