Initials RL

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AUG 02 2022
EDISON ZONING

CK 1001

ZONING PERMIT APPLICATION

OFFICE USE ONLY
FEE: $500.00
PAYMENT CODE: B95
BLOCK 993 LOT 3
ZC# 7315

COMPLETE APPLICATIONS MUST INCLUDE PLANS IN ACCORDANCE WITH THE CHECKLIST SHEET AND APPLICABLE FEES AT TIME OF SUBMISSION.

PLEASE PRINT: (Applicant will be contacted by email after application review is complete)

1. Applicant Name: VIVEK SHAH Tel No. 848-248-0257
   Applicant Email: VIVEK_SHAH10@yahoo.com
   Applicant Address: 20 FARMHAVEN AVE, EDISON, NJ 08820
2. Property Owner's Name: SHAH VIVEK & NUPUR Tel No. 848-248-0257
   Property Owner's Address:
3. **Location of Property for which Zoning Permit is desired:** Zone (RA) **BLOCK / LOT** 993/3
   Street Address: 20 FARMHAVEN AVE, EDISON, NJ 08820
4. Use of Property: Residential ✓ Commercial ____ Office ____ Industrial ____ Other ____
   Describe PRESENT use: RES
   Describe PROPOSED use: RES
5. DESCRIBE IN DETAIL THE PROPOSED CONSTRUCTION, ALTERATIONS, OR CHANGES AT THIS SITE:
   PROPOSED SINGLE FAMILY TWO STORY NEW RESIDENTIAL BUILDING

PROPERTY SURVEYS MUST BE TO SCALE AND CURRENT - DATED WITHIN THE LAST TEN (10) YEARS SHOWING ALL EXISTING SITE IMPROVEMENTS

Has the property been the subject of a prior Board Application?
Zoning Board _____ Planning Board _____ Date _____
Resolution # _____
Disposition of Application: _____

*****ALL APPLICATIONS MUST BE SIGNED:**

Applicant Signature — Print Name (Applicant): VIVEK SHAH

Property Owner Signature OR Designated Agent — Print Name (Owner / Agent)

OFFICE USE ONLY:

Based on the information submitted and the requirements of the Township Zoning Ordinance, Your application for a Zoning Permit

APPROVED ✓ **DENIED** _____

Comments on Decision: See Permit

APPROVED
AUG - 8 2022
ASSISTANT ZONING OFFICER

Zoning Officer — Date: 8/8/22