

NOV - 9 2020

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CME Engineering

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CME Engineering

Laura Neumann, P.E.

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APPLICATION FOR HEARING

Application ZB#: 20-6724 (office use only)

Date Received: 11/9/20 (office use only)

(*4 COPIES OF PLANS *4 COPIES OF APPLICATION *MAPS MUST BE FOLDED) - MAPS AND PLANS MUST ALSO BE SUBMITTED ON A DISK.

- 1. Please check the appropriate request(s).
 - Concept Plan Site Plan Use Variance Bulk Variance(s)
 - Minor Subdivision Major Subdivision Interpretation Appeal of Zoning Officer's Decision

2. APPLICANT'S NAME: Howard Weiboff
If a Corporation, State Name & d/b/a: _____

ADDRESS: 15 Sami Ct. Englishtown, NJ 07726

PHONE #: ⁷³² 912-6037 CELL #: _____ E-mail: ShariCar61@yahoo.com

3. State Applicant's relationship to Owner: Self

4. Represented by (Attorney): _____

Address: _____

Phone #: _____ Fax#: _____

5. Name of Proposed Development: _____

6. Purpose of this Application: _____

7. If Commercial or Industrial: State the Sq.Ft. of New Building: _____ # of Parking Spaces: _____

8. Use of any existing building on premises: single family home

9. # of existing lots: 1 # of proposed new lots: 0

10. Use of the proposed building or premises: Residential Commercial Industrial
 Mixed Residential/Commercial Other _____

11. Location of premises: 15 Sami Ct Englishtown, NJ 07726

12. 296 23 _____
TAX MAP BLOCK LOT(S) NUMBER(S) TAX SHEET PAGE

13. Area of entire tract: _____

14. If there has been a previous appeal or application involving these premises, give details: _____