

Township of Lyndhurst

APPLICATION FOR ZONING APPROVAL

Application is hereby made by the undersigned for a Zoning Certificate to be issued in accordance with the requirements of the Township of Lyndhurst. All plans, drawings, surveys, and other documentation submitted with this application are deemed to be part of this Application. The undersigned hereby agrees to comply with all of the Ordinances and Regulations of the Township of Lyndhurst. If any use of building or structure applied for herein shall be in violation of the aforesaid Ordinances or Regulations, the Zoning Officer shall have the right to stop such use or work on the premises until such violations shall have been corrected, and there shall be no liability on the part of the Township of Lyndhurst because of such stoppage.

APPLICANT:
Name: Jon and Nancy Jamgochian
Address: 49 Summit Ave
Lyndhurst, NJ 07071
Tel No.: 201-803-3940 / 201-400-5364
PROPERTY ADDRESS: 49 Summit Ave

Block: 38 Lot: 14
PROPERTY OWNER: (if different from Applicant)
Name:
Address:
Tel No.:

ZONE: RA - One Family Residential
CURRENT USE: Two-family Residential
INTENDED USE: Two-family Residential

EXPLAIN IN DETAIL THE PROPOSED CONSTRUCTION: Proposed +/- 385 sf addition to the west side of the residence.
The proposed addition is for the first floor (owner occupied) only.
+/- 385 sf SIZE OF NEW CONSTRUCTION (sqft):
(Attach survey showing present condition and proposed construction)

CERTIFICATION OF APPLICANT

I, Jon Jamgochian, being of full age, certify as follows:
Print Your Name

- 1. I am the owner of the above property or, in the alternative I have permission from the owner to make this application.
2. The use of the property and occupancy of the property will be in accordance with all of the Ordinances and Regulation of the Township of Lyndhurst and all other authorities.
3. I certify that the above statements and the statements in this Application and any attachments hereto are true to the best of my knowledge. I am aware that if they are willfully false, I am subject to punishment.

Date: APPROVED [Signature]
Signature of Applicant

Date: 4/14/25 [Signature]
Zoning Officer

DENIAL OF ZONING CERTIFICATE: (if applicable)

The Zoning Certificate is denied for the following reasons:
PER LYNDHURST ZONING CHAPTER 21 - ATTACHMENT 1
SCHEDULE OF REGULATIONS. THIS TOTAL LOT + PRINCIPAL COVERAGE
EXCEEDS ALLOWABLES. THE BUILDING HEIGHT ALSO EXCEEDS ALLOWABLES.
THIS IS A NON-CONFORMING USE & WILL NEED BOARD APPROVAL.
THERE WILL BE A \$50.00 FEE WHEN SUBMITTING THIS APPLICATION.

FOR OFFICE USE ONLY:
FEE: CHECK#
CASH

Township of Lyndhurst
Planning / Zoning Board
Copy

APPLICATION FOR THE TOWNSHIP OF LYNDHURST BOARD OF ADJUSTMENT

Jon & Nancy Jamrachian

Applicant: _____ Address: 49 Summit Ave

Owner: SAME Address: _____

Present

Use: 2 Family

What are the Exceptional conditions of the property preventing the applicant from complying with the Zoning Ordinance?

Legal non conforming 2 Family in a 1 Family zone

What reasons would the applicant cite as special reasons for granting this variance?

more space needed for our growing family. we have 1 child, looking to grow our family

Supply a statement of why relief will can be granted without substantial detriment to the public good and without substantially impairing the intent and purpose of the zone plan and ordinance.

I don't see any negative impact, only looking for more room for my family

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The *names* and *addresses* of all those owning 10% or more of a corporation or partnership must be listed when the application is for one of the following:

- 1. Commercial use variance: _____**
- 2. Variance of 25 units or more: _____**
- 3. Subdivision of 3 units or more: _____**

***ATTACHED* hereto and made a part of this application are the following:**

- (A) Copy of Survey**
- (B) Copy of plans**
- (C) Copy of any conditional contract or agreement related to this application**
- (D) Any other papers deemed necessary by the Administrator Officer**

***PLEASE NOTE:* The applicant may be required to furnish a certified survey of the footing layout showing the footing forms in place prior to pouring the foundation. This survey must show no variation in the drawings originally submitted to the board.**

5/9/25
Date


Applicant's Signature