

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: Michael Schule
Address: 612 3rd Street

Lyndhurst NJ 07071
Tel No.: 201 417 1791

PROPERTY ADDRESS: 612 3rd Street

Block: 215 Lot: 38

PROPERTY OWNER: (if different from Applicant)

Name: _____
Address: _____

Tel No.: _____

ZONE:

CURRENT USE: Stairs 2 Fam

INTENDED USE: Bathroom 2 Fam

EXPLAIN IN DETAIL THE PROPOSED CONSTRUCTION: Extend House 64in to move Bathroom and Enlarge Kitchen area.

28,42 sqft SIZE OF NEW CONSTRUCTION (sqft):

(Attach survey showing present condition and proposed construction)

CERTIFICATION OF APPLICANT

I, Michael Schule, 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: 9-12-24 APPROVED

Signature of Applicant

Date: 9/13/24

Zoning Officer

DENIAL OF ZONING CERTIFICATE: (if applicable)

The Zoning Certificate is denied for the following reasons:

LYNDHURST ORD. 2017 SECTION 21-10.1
2 FAMILY IN A 1 FAMILY ZONE

THERE WILL BE A \$50.00 FEE WITH SUBMITTING THIS APPLICATION.

FOR OFFICE USE ONLY:

FEE CHECK: _____ CASH: _____

NEED PAYMENT