

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: Maldonado Group, LLC
Address: 112 Ridge Road
Lyndhurst, NJ 07071
Tel No.: _____

PROPERTY ADDRESS: 294-298 Ridge Road
Block: 98 Lot: 16

PROPERTY OWNER: (if different from Applicant)

Name: _____
Address: SAME
Tel No.: _____

ZONE: Business

CURRENT USE: Mixed Use - Commercial - First Floor, Second Floor Offices and Apt.

INTENDED USE: Renovate Second Floor To Three Apartments

EXPLAIN IN DETAIL THE PROPOSED CONSTRUCTION: Alterations and renovations to the existing second floor to convert the existing two offices and four bedroom apartment into three apartments SIZE OF NEW CONSTRUCTION (sqft): _____
(Attach survey showing present condition and proposed construction)

CERTIFICATION OF APPLICANT

I, Malcolm McPherson 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: 9/20/23
APPROVED

[Signature]
Signature of Applicant

Date: _____
[Signature]
Zoning Officer

DENIAL OF ZONING CERTIFICATE: (if applicable)

The Zoning Certificate is denied for the following reasons:

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

FOR OFFICE USE ONLY:

FEE: CHECK# _____ CASH _____