

MONTGOMERY TOWNSHIP  
ZONING PERMIT APPLICATION

WORKSITE: 107 Platz Drive

Township Use Only AMOUNT PAID \$ 50/Mp.

CASH or CHECK # 296 DATE 2/14/22

Block 21002 Lot 2 Zoning District \_\_\_\_\_

Street Address 107 Platz Drive

Property Owner Robin Azam

Mailing Address (if different) 107 Platz Drive City Skillman State NJ Zip Code 08558

Daytime Phone [REDACTED] Fax \_\_\_\_\_ Email [REDACTED]

APPLICANT (if not owner):

Name Shane Stryker Owner's Agent  Tenant  Other

Address 28 Crestwood Ave. City Hillsborough State NJ Zip Code 08844

Contact Person Shane Stryker

Daytime Phone 609-306-5030 Fax \_\_\_\_\_ Email strykerdecksolution@gmail.com

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

- New Construction
- Deck
- Fence
- Sign
- Addition/Alteration
- Pool/Spa/Hot Tub
- Change Tenant/Use (Commercial)
- Other - Basement
- Accessory Building (Shed, Garage, etc.)
- Lot Coverage (Patio, Driveway, etc.)
- Tenant Fit-Out
- Demolition - No Charge

Description of Project/Use (please be specific): Finish Basement

Commercial Change of Tenant/Use: Previous Tenant \_\_\_\_\_ Existing Use \_\_\_\_\_

New Tenant \_\_\_\_\_ New Use \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that I am either the legal property owner or authorized by the legal property owner to make this application. I understand that if any of the above statements are willfully false, I am subject to penalties.

Robin Azam  
Owner's Name Printed & Signature

2/11/22  
Date

Shane Stryker  
Applicant's Name Printed & Signature

2-11-22  
Date

Township Use Only	
<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
<u>Ann Bell</u>	<u>2/15/22</u>
Zoning Officer	Date
<u>2022-0061</u>	

ZONING PERMIT FEE PAYABLE UPON SUBMISSION OF APPLICATION



MEMORANDUM

TO: CONSTRUCTION DEPARTMENT

FROM: HEALTH DEPARTMENT *ES*

DATE: 2/16/2022

SUBJECT: FOR YOUR FILE

Block: 21002

Lot: 2/1

Applicant Name: AZZAM Construction Type: finished basement

Our records indicate that:

- This Block and Lot is served by  Public Water  Sewer.
- This addition will not increase the flow to the existing septic system.
- The septic system is adequate in size to handle the added discharge from the proposed work.
- The existing septic system will not be encroached upon by the proposed work, & all Health Dept setbacks will be maintained.
- The existing well will not be encroached upon by the proposed work.
- A waiver of setback requirement has been requested and granted.
- There is nothing on file for the subject property, or the record is insufficient for this determination. The applicant has been advised to take the necessary steps to verify the system size and location. We will further advise when that has been accomplished.
- The system is presently substandard and the applicant is aware of what must be done to bring it into compliance with our code. We will further advise you when we have issued a required septic system repair/alteration permit.
- Special Requirements: \_\_\_\_\_

We have notified the:

- Applicant
- Contractor
- On: \_\_\_\_\_