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ZONING PERMIT APPLICATION

(Per Chapter 160-9 of Township Code)

MAY 28 2025

TOWNSHIP OF EVESHAM

984 Tuckerton Rd, Marlton, NJ 08053 Phone (856) 983-2914 Fax (856) 983-6709

IMPORTANT: SEE REVERSE SIDE FOR MORE DETAILS. A CURRENT AND SCALED SURVEY IS REQUIRED. GRADING PLAN MAY BE REQUIRED PER CHAPTER 62-54. ZONING APPLICATION FEE IS NON-REFUNDABLE.

1) BLOCK 10-4 LOT 2 ZONING DISTRICT mb AFFORDABLE HOUSING UNIT: Yes/No ARE YOU PART OF A HOMEOWNER ASSOC? Yes/No WELL&SEPTIC? Yes/No IF YES, SHOW ON SURVEY

2) APPLICANT'S NAME: (Evesham Business or Resident having work done. Not for Contractor Information.)

KATHLEEN DEVLIN

ADDRESS (Location of Work): 1 BIRCH LANE

PHONE: [REDACTED] E-MAIL (required) [REDACTED] FAX: [REDACTED]

USE OF PROPERTY: Former Use: Lawn equipment Proposed Use: Same

DESCRIPTION OF WORK: REPLACE OLD SHED W/ NEW ONE 12' x 16' (192 sq. ft)

3) PROPERTY OWNER'S NAME: Same as Above (Entity or Person who owns Evesham property where work is being done.)

ADDRESS: PHONE: FAX: CONTACT PERSON:

4) CIRCLE ONE PLEASE: I am the Property Owner Contractor, Tenant, Other (specify) making this application. I hereby certify that the owner of record authorizes the proposed work and, as his/her/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: K.T. Devlin Print Name: KATHLEEN DEVLIN Date: 4-7-25

5) CONTRACTOR'S NAME: BARN CO. EMAIL: [REDACTED]

ADDRESS: 301 RT 93, BERLIN, NJ PHONE: [REDACTED]

6) PROPOSED SETBACKS (distance from property line): Front Line Rear Line 5' Right Line Left Line 5'

Fences: Height (front yard) (side yard) (rear yard) Does fence enclose a pool? Yes No X

FOR OFFICE USE ONLY

Proposed Project was approved by: Zoning Board Planning Board Approval # Date Grading Plan # Engineer Approval MUA Approval/Date

Application Approved with Conditions:

Application Denied: Date: Reason(s): Application Incomplete Use Variance Required Bulk Variance Required Work requires prior approvals Other

Cash Check # Receipt # Zoning Permit # Initials: Date:

Authorized Signature /Application Approved Date