



Evesham Township
DEPT. OF COMMUNITY DEVELOPMENT - ZONING
984 TUCKERTON ROAD
MARLTON, NJ 08053
(856) 983-2914

Application Date:	4/30/2025
Application Number:	0186
Permit Number:	ZP250178
Project Number:	
Fee:	\$50

Denial of Application

Date: 5/12/2025

To: NARCISI, JENNIFER & CHRISTOPHER
17 HERITAGE ROAD
MARLTON, NJ 08053

CC: APP TELE: ()
APP EMAIL: .com

RE: 17 HERITAGE ROAD
BLOCK: 27.12 LOT: 37 QUAL: ZONE: MD

DEAR NARCISI, JENNIFER & CHRISTOPHER,

We are in receipt of a zoning permit application submitted on 4/30/2025 for a 7'8" x 26'4" addition 13' from the rear property line. Per Code 160-30 non-conforming structures may only be enlarged, extended, relocated, converted to another use or altered, when the proposed addition does not violate any other requirement of Chapter 160 of the Township Code.

Code 160-64(E) and associated performance regulations Table 11 requires the proposed addition to be at least 25' from the rear property lot line. Therefore, a variance approval from the Zoning Board of Adjustment would be needed to construct the proposed addition with a rear setback of 13'.

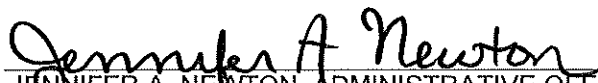
You may submit an application requesting a variance from the Zoning Board of Adjustment. Please contact the Board Secretary at 856-983-2900 ext. 2083 for more information. Information on procedures for an appeal of this decision to the Board of Adjustment can be obtained from the Board Secretary.

If you feel aggrieved by this denial, a notice of appeal is possible in accordance with New Jersey State Statute. The appeal must be filed with this office not later than twenty (20) days from the date of this notice per Chapter 15-4 of the Township Code. The appeal would be heard before the Zoning Board of Adjustment.

Your zoning application has been placed in the inactive files in the Zoning Department of Community Development.

Please contact this office at 856-983-2900 ext. 2083 to resubmit the application.

Sincerely,


JENNIFER A. NEWTON, ADMINISTRATIVE OFFICER

ZONING PERMIT APPLICATION

(Per Chapter 160-9 of Township Code)

RECEIVED

APR 30 2025

TOWNSHIP OF EVESHAM

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

BY: _____

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 2712 LOT 37 ZONING DISTRICT _____ 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.)

Christopher Narcisi

ADDRESS (Location of Work): 17 Heritage Rd Evesham 08053

PHONE: _____ E-MAIL (required) _____ FAX: _____

USE OF PROPERTY: Former Use: _____ Proposed Use: Bathroom Addition

DESCRIPTION OF WORK: Adding crawl space and above adding bathroom addition. Shower, toilet, vanity and small laundry room tied into existing structure.

3) PROPERTY OWNER'S NAME: Christopher Narcisi
(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: [Signature] Print Name: Nicolas Berrod Date: 4/30/25

5) CONTRACTOR'S NAME: Daniel Robert Remodeling EMAIL: _____

ADDRESS: 375 N Main St. Williamstown NJ 08014 PHONE: _____

6) PROPOSED SETBACKS (distance from property line): Front Line 36' Rear Line 13' Right Line 30' Left Line 27'

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

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: X Date: 5/12/25 Reason(s): Application Incomplete _____ Use Variance Required _____ Bulk Variance Required X
Work requires prior approvals _____ Other _____

Cash _____ Check # 1048 Receipt # 025-1138 Zoning Permit # C0186 Initials: LH Date: 4.30.25

Authorized Signature /Application Approved

Date