



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

Application Date:	6/5/2025
Application Number:	0257
Permit Number:	
Project Number:	
Fee:	\$50

Denial of Application

Date: 7/3/2025

To: WILEY MISSION INC
99 E MAIN ST-PO BOX 22
MARLTON, NJ 08053

CC: davestielau@comcast.net

RE: 14 HONEYSUCKLE COURT
BLOCK: 26 LOT: 6 QUAL: ZONE: MD
WORK DESCRIPTION: CONSTRUCT NEW BEDROOM ADDITION AND BATH.

DEAR WILEY MISSION INC,

We are in receipt of the zoning permit application submitted for an addition to an existing one-bedroom unit and a sunroom addition. The permit is denied since any additions to this unit would alter the approved site plan. As this would be an expansion of a conditional eleemosynary use an application to the Planning Board would be required.

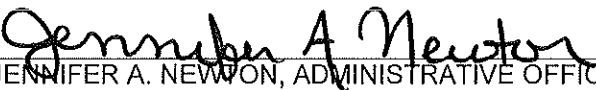
Please contact the Board Secretary at 856-983-2900 ext. 2083 for more information.

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. Information on procedures for an appeal of this decision to the Board of Adjustment can be obtained from the Board Secretary.

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 with any questions.

Sincerely,


JENNIFER A. NEWTON, ADMINISTRATIVE OFFICER

RECEIVED

JUN 18 2025
revisedZONING PERMIT APPLICATION
(Per Chapter 16B-9 of Township Code)

TOWNSHIP OF EVESHAM

984 Tuckerton Rd, Marlton, NJ 08053 Phone (856) 983-2914 Fax (856) 983-8700

RECEIVED

JUN 05 2025

IMPORTANT: SEE REVERSE SIDE FOR MORE DETAILS. A CURRENT AND SCALED SURVEY IS REQUIRED.
GRADING PLAN MAY BE REQUIRED PER CHAPTER 62-64. ZONING APPLICATION FEE IS NON-REFUNDABLE.1) BLOCK 26 LOT 6 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.)

Wiley Christian Retirement CommunityADDRESS (Location of Work): 14 Honeyuckle Ct. (99 E. Main Street)PHONE: 856-912-1119 E-MAIL (required): dshow@wileymission.org FAX: _____

USE OF PROPERTY: Former Use: _____

Proposed Use: _____

DESCRIPTION OF WORK:

Remodel the interior of the existing unit.Addition 1 Room off the back 16' out x 30' wide (Bedroom/Bathroom/Living room)New Bedroom/Bathroom Sunroom addition off the back of the above addition 10' out x 15'6" wide3) PROPERTY OWNER'S NAME: Wiley Mission Inc.
(Entity or Person who owns Evesham property where work is being done.)ADDRESS: 99 E. Main StreetPHONE: 856-983-0411

FAX: _____

CONTACT PERSON: Gary Gilmore

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 agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: [Signature]Print Name: Dave StielmanDate: 5/21/255) CONTRACTOR'S NAME: Innovative Improvements LLC EMAIL: dave.stielman@comcast.netADDRESS: 27 Hiawatha Trail, Red Bank, NJ 08053 PHONE: 609-714-3513

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

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 _____ Approved By _____ Date _____

Grading Plan # _____ Engineer Approval _____ EHA Approval/Date _____

Application Approved with Conditions: _____

Application Denied: X Date: 6/11/25 Reason(s): Application Incomplete X Use Variance Required _____ Bulk Variance Required _____7/3/25

Work requires prior approvals _____

Other Board approval req'dCash _____ Check # 4656 Receipt # R25-1512 C0257 Zoning Permit # _____ Initials: LI Date: 6.5.25

Authorized Signature / Application Approved

Date

Revised May 2021



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MARLTON, NJ 08053

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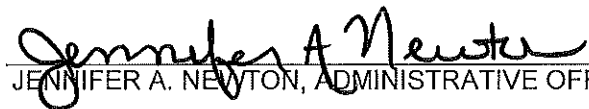
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JENNIFER A. NEWTON, ADMINISTRATIVE OFFICER

RECEIVED

JUN 18 2025

revised

ZONING PERMIT APPLICATION

(Per Chapter 160-9 of Township Code)

TOWNSHIP OF EVESHAM

884 Tuckerton Rd, Marlton, NJ 08053 Phone (856) 983-2914 Fax (856) 983-3709

RECEIVED

JUN 05 2025

BY:

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BLOCK 86 LOT 6 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

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

Wiley Christian Retirement Community

ADDRESS (Location of Work): 13 Honeysuckle Ct. (99 E. Main Street)

PHONE: 856-912-1119 E-MAIL (required): Shawn@wileymission.org FAX: _____

USE OF PROPERTY: Former Use: _____

Proposed Use: _____

DESCRIPTION OF WORK:

Remodel the interior of the existing unit.
Addition ~~to the existing unit~~ off the back 16' out x 30' wide (Bedroom/Bathroom/Living Room)
~~to the existing unit~~ Sunroom addition off the back of the above addition
10' out x 15'6" wide

PROPERTY OWNER'S NAME: Wiley Mission Inc.

(Entity or Person who owns Evesham property where work is being done.)

ADDRESS: 99 E. Main Street

PHONE: 856-983-0411

FAX: _____

CONTACT PERSON: Gary Gilmore

CIRCLE ONE PLEASE: I am the Property Owner (Contractor) Tenant, Other (specify _____) making this application. I hereby
 /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: Dave Stielman

Date: 5/31/25

CONTRACTOR'S NAME: Innovative Improvement LLC EMAIL: dave.stielman@comcast.net

ADDRESS: 27 Nantuxa Trail, Marlton Lakes, NJ 08053 PHONE: 609-714-2535

OSHD SETBACKS (distance from property line): Front Line _____ Rear Line _____ Right Line _____ Left Line _____

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

FOR OFFICE USE ONLY

I Project was approved by: Zoning Board _____ Planning Board _____ Approval # _____ Date _____

Plan # _____ Engineer Approval _____ NHA Approval/Date _____

ation Approved with Conditions: _____

Application Dated: X Date: 6/1/25 Reason(s): Application Incomplete X Use Variance Required _____ Bulk Variance Required _____

7/3/25

Work requires prior approvals _____

Other: Board approval req'd

Site _____ Check # 4655 Permit # R25-1582 C.O. # 265 Zoning Permit # _____ Initials: LM Date: 6/5/25

Authorized Signature /Application Approved _____

Date _____

Revised May 2021