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

JENNIFER A. NEWTON, ADMINISTRATIVE OFFICER

RECEIVED

JUN 18 2025

revised

ZONING PERMIT APPLICATION

(Per Chapter 160-9 of Township Code)

TOWNSHIP OF EVESHAM

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

50

RECEIVED

JUN 05 2025

BY

IMPORTANT: SEE REVERSE SIDE FOR MORE DETAILS. A CURRENT AND SCALED SURVEY IS REQUIRED. GRADING PLAN MAY BE REQUIRED PER CHAPTER 62-84. 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 Community

ADDRESS (Location of Work): 14 Honeysuckle Ct. (99 E. Main Street)

PHONE: 856-983-1119 E-MAIL (required) pshaw@wileymissions.org FAX: ____

USE OF PROPERTY: Former Use: ____ Proposed Use: ____

DESCRIPTION OF WORK: Remodel the interior of the existing unit.
Addition ~~to include~~ off the back 16'out x 30'wide (Bedroom/ bathroom/ Living room)
~~New kitchen with 2 bedrooms~~ Sunroom addition off the back of the above addition
10'out x 15'6"wide

3) PROPERTY OWNER'S NAME: Wiley Missions 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: Greg 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/their agent, we agree to conform to all applicable laws and regulations of this jurisdiction.

Signature: ____ Print Name: Dave Stiebon Date: 5/30/25

5) CONTRACTOR'S NAME: Innovative Improvements LLC EMAIL: dave.stiebon@comcast.net

ADDRESS: 21 Hiawatha Trail, Medford Lakes NJ 08055 PHONE: 609-714-1358

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____ Approval #____ Date ____

Grading Plan # ____ Engineer Approval ____ MUA 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'd

Cash ____ Check # 4656 Receipt # R25-1512 C0257 Zoning Permit # ____ Initials: LH Date: 6-5-25

Authorized Signature /Application Approved ____ Date

Revised May 2021

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Signature: ____ Print Name: Dave Shields Date: 5/21/25

CONTRACTOR'S NAME: Innovative Improvements LLC EMAIL: dshields@comcast.net

ADDRESS: 27 Nicholas Trail, Medford Lakes, NJ 08055 PHONE: 609-714-8535

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

FOR OFFICE USE ONLY

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Plan # ____ Engineer Approval ____ MUA Approval/Date ____

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7/3/25 Work requires prior approvals ____ Other Board approval req'd

Fee ____ Check # 4655 Receipt # R25-1502 CO265 Zoning Permit # ____ Initials: AM Date: 6/5/25

Authorized Signature /Application Approved Date

Revised May 2021