TOWNSHIP OF BARNEGAT 900 WEST BAY AVENUE BARNEGAT, NEW JERSEY 08005-1298 (609) 698-0080 EXT. 155

CHANGE OF USE APPLICATION

WAIVER OR EXEMPTION OF SITE PLAN



TO BE COMPLETED BY TOWNSHIP STAFF ONLY Date Filed Docket No. Application Fees __ Escrow Deposit ___ REQUEST FOR: WAIVER OF SITE PLAN _____ EXEMPTION OF SITE PLAN TO BE COMPLETED BY APPLICANT 1. APPLICANT: Name Mohammad Y Mian Address 53 - OLD Main Phare Kood Barneful MJ. 08005 Telephone Number: Home: 609-607-8447 Local: 732-829-2175 Fax: 609-602-5986 Work: Applicant is a Corporation _____ Partnership ____ Individual _____ Other (Please Specify) _____ 2. SUBJECT PROPERTY: Location: 53-0LD Main Phore Koad Barnefax NJ Oros Tax Map: Block(s) 114.54 Lot (s) 21.02 Zoning District OWNERSHIP: If Owner(s) is other than the applicant, provide the following information on the Owner(s) SEE ALSO ITEM #9: Owner's Name _____ Address Telephone Number Home: _____ Work: ____ Local: ____ Relationship of the applicant to the property in question:

Owner: _____ Lessee ____ Purchaser Under Contract ____ Other

4. PURPOSE OF APPLICATION: WEED Relief Tex
use of One Garage as home offic only with oak door
Due to my Physian cavise at their old afe (75 yes) and Present use of the premises: Periodie Sickness Protest from VI.
ENCLOSURES: Plot Plan or Survey map of existing and proposed structures/use; parking spaces, ingress, egress, signs, additions, etc.
I certify that the foregoing statements and the materials submitted are true. DATE SIGNATURE OF APPLICANT
6. AUTHORIZATION BY OWNER: (If anyone other than above owner is making this application, the following authorization must be executed.)
To the approving Board or Subcommittee of the Township of Barnegat: (name of designee)
DATE SIGNATURE OF OWNER

GENERAL INFORMATION

The Site Plan Subcommittee was established in early 1995 by ordinances amending the Land Use Code of the Township of Barnegat (Chapters 55A & 55B, Sections 101 & 176) to facilitate the change of commercial use or occupancy where no extensive construction or improvements are proposed. It is made up of three members of the Planning Board appointed by the Board's Chair and, the Community Development Director as an "ad hoc" member. When reviewing applications in the Historic District, the Chair of the Historic Preservation Commission is also an "ad hoc" member of this body.

The review procedure is conducted in a casual meeting with the applicant. It is not a public hearing. The subcommittee makes the detarmination of what applications require site plan review and approval. However, it may recommend to the full board that they vote to waive the requirement for site plan. Under specific criteria listed in the ordinance, the subcommittee may exempt this requirement entirely.

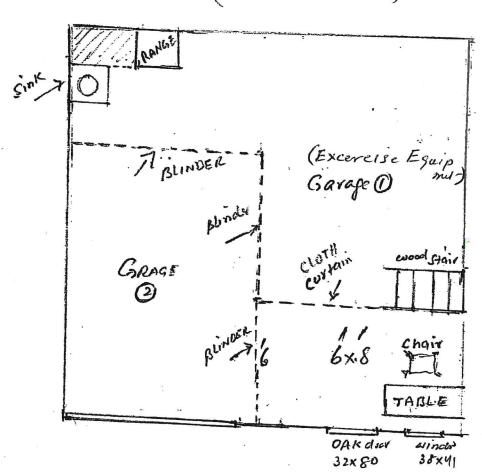
SEE INSTRUCTIONS SPECIFIC TO SITE PLAN WAIVER ACTION BY PLANNING BOARD

(ONE GARAGE DOOR Replaced)

- · Oakdoor + wirreland
- · Sink + Raufe (added)
- Imall office Sepration (Bookkuping Only)

53-Old main shore RD Barngas NT 08005

(1em = 2 FEET)



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Adopted Child					
			[D	omestic or Civil Union Partner's	
As evidence of the relationship in Item 2, check one of the following and attach a copy of the document checked.					
Do not send original document. It will not be send original document to be send original document.					
Child's hospital discharge record (only kirth mother may submit this) Child's birth certificate (futher or mother may provide this) Independent adoption placement agreement Certificate of placement for adoption					
Proof of legally estal	its (father or mother may provide	this)	Certificate of p	spacement for adobtion streament	
			1 i Other		
Have you provided your employer with at least 30 days' notice that you would be taking this leave? Yes No					
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and a second state of the case recipient's authorized representative.					
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2 Care Recipient's Medic	al Disclosure Anthorization and Committon to my care provider, id			And the second s	
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current personal health information to my care provider, identified above, and to the New Jersey Division of Temporary Disability revoke my authorization to support my care provider's claim for Family Leave Insurance benefits. I understand that I may not which it is legally entitled. I further understand that comics of my significant to avoid prosecution or to prevent the Division of Temporary Disability Insurance from recovering money to					
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Physicanthicals Circumstates (annual cupy) [_] Court order (attach cupy) to do so.					
R presentative's Signature Date Phone ()					
NIEDICAL CERTIFICATE-To be completed by the care recipient's physician or health care provider 1 Does your patient require full time care? Myes 1 No. Here how recipient's physician or health care provider					
		· ve me' worth transfer freeze.	ENGINEERY (SOME TRANSPIR	Course transfer from the course	
Does your patient require full time care? MYes No If no, how many days per week does your patient require care? What type of care can be provided to your patient by the family member submitting this claim? Rowh Care					
11 Check, if the family member is unable to provide any type of care for this patient. (Example: contional support, temporation, etc.)					
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6 Disconsistentian		Month	Name Year	Minth Day Your	
6 Diagnosis: (condition which requires care) 7. certify that the above statements truly describe the patients on the condition of the condition which requires care)					
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