



# BOROUGH OF METUCHEN MIDDLESEX COUNTY

Tel. 732-632-8540 • Fax 732-632-8100 • 500 Main Street • Metuchen, NJ 08840

## ZONING PERMIT APPLICATION

SUBMIT WITH ZONING COVERAGE CHECKLIST AND SURVEY / PLANS INDICATING IMPROVEMENT(S)

Permit #	_____
Received	_____
Issued	_____
Payment	_____
Amount	_____

### 1. Location

Street Address 20 Charles Street  
 Block 211 Lot 40 Zone R-2

### 2. Applicant

Name Eric Edwers Phone 914-584-7384  
 Street Address 20 Charles Street Fax \_\_\_\_\_  
 City / State Metuchen, NJ Zip 08840 Email EEDWERS@gmail.com

### 3. Owner (If other than Applicant)

Name Collie Edwers Phone 914-646-3211  
 Street Address 72 Vernon Place Fax \_\_\_\_\_  
 City / State Mount Vernon, NY Zip 10552 Email bishopcnedwers@aol.com

### 4. Present or Previous Use of Building and/or Land

- Detached Single-Family     Attached Single-Family     Two-Family Residence     Multi-Family Residence  
 Commercial     Office     Industrial     Other \_\_\_\_\_

### 5. Proposed Use of Building and/or Land

- New Principal Structure     Addition / Alteration / Deck / Porch     New Accessory Structure  
 Parking Lot / Driveway     Patio / Walkway     Fence / Wall  
 Change of Use / Occupancy     Sign     Other \_\_\_\_\_

### 6. Describe Proposed Work or New Use

Proposed second story addition above existing first floor for additional bedroom space.  
Renovation of existing structure.

### 7. Non-Residential Use Data

	Present	Proposed
Total Floor Area of Building	_____	_____
Floor Area to be Occupied	_____	_____
On-Site Parking Spaces	_____	_____
Off-Site Parking Space	_____	_____
Numbers of Employees	_____	_____
Days & Hours of Operation	_____	_____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A ZONING PERMIT ONLY FOR THE LOCATION AND THE WORK DESCRIBED HEREIN AND CERTIFY TO THE ACCURACY OF THAT INFORMATION. I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO BE AWARE OF AND COMPLY WITH ALL ZONING REQUIREMENTS OF THE BOROUGH OF METUCHEN RELATING TO THIS APPLICATION. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE INFORMATION OR TO COMPLY WITH ANY PROVISIONS OF THE PERMIT RENDERS IT NULL AND VOID AND MAY RESULT IN AN ENFORCEMENT ACTION. I UNDERSTAND IT IS MY RESPONSIBILITY TO ENSURE THE PROPERTY SURVEY IS CURRENT.

Name Michael D'Innocerzi, RA Date 05-25-23

Signature *Michael D'Innocerzi*



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### 1. Location

Street Address 20 Charles Street  
 Block 211 Lot 40 Zone R-2

### 2. Property Survey

#### Property Survey to show:

- Easements
- Overall lot dimensions
- Location of all structures, including the principal structure, additions, garages, sheds, driveway, pools and fences
- Proposed improvements, drawn to scale, indicating dimensions and setbacks from all property lines

### 3. Area Calculations

#### Complete the following areas:

A. Area of lot	<u>3431</u>	SF
B. Area of existing residence (first floor only)	<u>832</u>	SF
C. Area of porches and decks	<u>114</u>	SF
D. Area of detached garages and sheds	<u>220</u>	SF
E. Area of existing improved surfaces (i.e. driveway, walkways, patios, etc.)	<u>986</u>	SF
F. Area of proposed construction (first floor only)	<u>0</u>	SF
G. Area of proposed improved surfaces (i.e. driveway, walkways, patios, etc.)	<u>0</u>	SF

### 4. Coverage Calculations

#### Confirm the following coverage calculations:

• Existing Building Coverage: (B + C + D) / A	<u>34</u>	%
• Proposed Building Coverage: (B + C + D + F) / A	<u>34</u>	%
• Existing Impervious Coverage: (B + C + D + E) / A	<u>63</u>	%
• Proposed Impervious Coverage: (B + C + D + E + F + G) / A	<u>63</u>	%

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Name Michael D'Innocenzi, RA Date 05/25/23

Signature *Michael D'Innocenzi*