Frankford Township
ZONING
151 US HWY 206
AUGUSTA, NJ 07822
(973) 948-6453 FAX(973) 948-0943
ZONING@FRANKFORDTWP-NJ.COM

Application Date: 12/13/2024
Application Number: ZA-12-24-055
Permit Number:
Project Number:

Fee: $35

Denial of Application

Date: 12/13/2024

To: Linda Pellegrino

RE: 269 E SHORE LK OWASSA RD
BLOCK: 187 LOT: 3 QUAL: ZONE: AR

DEAR,

- GARAGE 24 X 30

ACCESSORY STRUCTURES MAY NOT BE LOCATED IN THE FRONT YARD

Sincerely,

Ann Bell

Ann Bell, Zoning Official

TOWNSHIP OF FRANKFORD
APPLICATION FOR ZONING PERMIT
APPLICATION FEE $35.00

Application Date: 10/17/2024 Block: 187 Lot: 3, Zone: _____

Physical location Street: 269 E. Shore Lake Owassa Rd. Email: LTPelle@PTD.NET

Name of Applicant: LINDA Pellegrino Phone # 201 320-0260

Mailing Address: 269 E. Shore Lake Owassa Rd, City: Newton State NJ, Zip Code: 07860

Name of Owner: Linda Pellegrino Phone # _____

Mailing Address: same as above, City: _____ State _____, Zip Code: _____

State the proposed work for which this Zoning Permit is being requested: metal garage with concrete slab on existing parking area (FRONT YARD)

Attach (2) two surveys showing the size of property, bounding streets; size, type and location of existing and proposed structures along with distances to all property lines.

EXISTING PARKING DECK HAS FRENCH DRAINS AROUND IT SENDING WATER TO LARGE STORM DRAIN ADJACENT TO IT - GARAGE WILL HAVE GUTTERS - NOT SHOWN ON PLANS

State whether any of the activities described in your request above is a Non-Conforming Use: _____

If so, to your knowledge has the above premises been subject to any prior applications to the Land Use Board: Yes ☐, No ☒, If yes, Type of Variance: _____

Approved or Denied _____ Resolution Date: _____

***"Building height"** means the vertical distance from the average elevation of the finished grade at the front of the building to the top of the highest roof beams on a flat, curved or shed roof, the deck level of a mansard roof, and the average distance between the eaves and the ridge level for gable, hip, and gambrel roofs, or the permitted number of stories whichever is less.

Linda Pellegrino
Applicant's Signature

Payment: Check # 0247, Cash _____, Collected by: AM, Zoning Permit # Denied

Ann M. Bell
Zoning/Code Enforcement Official
Ph: 973-948-7592 ~ Fax: 973-948-0943
Email: zoning@frankfordtwp-nj.com