DEVELOPMENT APPLICATION

CONTROL NO.

Block(s	s)34	Lot(s)4		Date Received	
				Ву	
TO BE	COMPLETED BY	APPLICANT (A-T))		
A.	Property Owner's	Name Pin Oak	Builders, LLC		
		xy Avenue			
	Edison	(Street)		NJ	08820
	(City)			(State)	(Zip)
	Phone <u>(848)</u> (If property owner FAX (732)		omplete Section S-1))	
В.	Applicant's Agent	Name Gary Forsh Wood Avenue Sou (Street)	ner, Esq. uth		
	Iselin			NJ	08830
	(City)			(State)	(Zip)
	Phone <u>(732</u>)	476-2690			
	FAX (<u>732</u>)	476-2691			

(If applicant is not the owner, complete Section S-2)(If applicant is a corporation, complete Section S-3)(All correspondence will be mailed to person listed as applicant's agent)

C.	Application Status (1) New (2) Revision	or Resubmission of Prior	Application XXX	
	(If (2) is checked, indicate pric Attach copies of resolution, if	r application no. (s)	17-10)
D.	 Type of Approval Sought []Concept [] Preliminary [] Final [X] Preliminary/Final []GDP [] Sign Waiver Request [] Extension of Approval Request []Minor Subdivision [X] Major Subdivision [] Major Site Plan [] Minor Site Plan [X] Variance Request (Submit Variance Request Form) [] Conditional Use Approval (Submit Conditional Use Request Form) [] Request for Waiver of Submission Requirements (See appropriate subdivision or Site Plan checklist) [] Above Application Pursuant to Board of Adjustment "D" Variance (Attach Resolution of Approval) 			
E.	Engineer's Name and Firm	Christopher Nusser, E & L	P	
	Address 140 West Main Str	eet		
	High Bridge	(Street) NJ	08	829
	(City)	(State)	(Zip)
	Phone <u>(</u> 908) 238-0544			
	FAX (908) 238-9572	E-MAIL chri	s@elp-inc.com	
	License No		_	
F.	Architect's Name and Firm_N/	A		
	Address			
		(Street)		
	(City)		(State)	(Zip)
	Phone ()			
	FAX ()	E-MAIL		
	License No.			
G.	Plat/Plan Dated 06/19/2019	Title ^{Pr}	eliminary & Final Maj	or Subdivision Plat

H.	Name and Location of Development (Street or Road and nearest public Street intersection)			
	1203 Windsor-Edinburg Road, West Windsor, NJ 08550			
I.	Present use of Land Horse stables and related facilities			
J.	Present Use of Structure Horse stables and related facilities			
K.	Proposed Use of Land <u>Subdivision into three (3) lots</u> (If more than one use proposed, indicate various uses and areas on plat)			

L. Proposed Use of Structure Single-Family residential dwelling on each lot (If more than one use proposed, indicate various uses and areas on plan)

M. Plat/Plan Data

1.	Acreage to be subdivided 8.86 acres No. of Lots Proposed 3
2.	Type of Development Proposed (Conventional, Cluster, Planned Development) Conventional
3.	Lot Areas
4.	Acreage of Contiguous Parcel (s) in Same Ownership, not part of this Development <u>0 in West Windsor, 14.32 acres in Robbinsville (</u> part of overall development)
5.	Area of Site Plan to be DevelopedAcresSF
6.	Floor Area of Proposed Structure:
	Floor NoSF Floor NoSF Floor NoSF Floor NoSF

	7.	If Addition to Existing Structure	:	
		n/a Floor No Floor No Floor No		SF SF SF
	8.	Total Floor Areasn/a		SF
	9.	Number of Parking Spaces	n/a	
N.	Utility	/ Data (indicate service proposed)		
0.	1. 2. 3. Zonir	Water See utility plan Sanitary Gas ng DistrictRR/C	4. Electric 5. Telephone 6. Heating Fuel	
P.		Requirements	(Ordinance)	(Proposed)
	1. 2. 3. 4. 5.	Min. Tract/Lot Area Min. Lot frontage Min. Lot Width Min. Lot Depth Min. Yards: Front Side	See Plan	
	6. 7. 8. 9. 10.	Rear Max F.A.R. Max M.I.C. Max. Gross Density Max. Bldg. Height Parking Spaces Required		
Q.	Does	S Lot abut (check which applies) X	_County Road	Township Road
R.	Copi	es of any Deed Restrictions or Cov Attached	renants that will Apply (check o	

S. Other Information

1 Principal C	office Address	N/A			
n i inicipal e			(Stree		
(City)	(Sta	te) (Zip		one(X_()
President's	Name				
Secretary's	s Name				
2. I, Palama	dai Venikatrima	in, Principal	, cons	ent to the	e filing of this Site Plan/
Subdivisio	n by				<u>.</u>
		(Ag	jent)		
	(Our a n'a Oia				
Palamadai	(Owner's Sig Venikatriman	inature)			(Date)
	(Owner's Printe	ed Name)			
3. Principal (Office Address	45 Roxy Aver	iue		
			(Stree	et)	
Edison, NJ	08820			Phone	
(City)	(State)	(Zip)	FAX	(732) 476-2691
\wedge	\mathcal{O}	10	C		
	g Comk o	the P-	5		12/2/19
	(Applicant's	Signature)			(Date)
Pin Oak B	uilders, LLC				
	(Applicant's Pri	nted Name)			

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