



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE ZONING BOARD OF ADJUSTMENT CHECKLIST

Application Name: AFM HAQUE
 Location: 3 DEY FARM ROAD, Princeton Junction, NJ 08550
 Block: 20-11 Lot: 2 App. No. _____
 Zoning District: R-1/C

Variance Requested (check all that apply, see Page 4 for definitions)

c(1)	<u>X</u>	c(2)	<u>X</u>		
d(1)	_____	d(2)	_____	d(3)	_____
d(4)	_____	d(5)	_____	d(6)	_____

Applications shall be submitted to the Township Land Use Division during "Open Window Week" (The week of the second Wednesday of each month).

An application shall not be considered complete until ALL the documents and information listed below have been submitted and the applicant receives a letter from the Township Land Use Office deeming such application complete. A letter deeming the application complete or incomplete shall be sent within 45 days from the receipt of these submittal requirements listed below.

Please submit one (1) original copy of the information requested below.

Submittal Requirements

<i>Requirements</i>	<i>Provided</i>	<i>N/A*</i>	<i>Waiver**</i>
(1) Completed original "Application to West Windsor Zoning Board of Adjustment"	<u>✓</u>	_____	_____
(2) Completed "c" Bulk Variance Application (if applying for "c" Variance)	<u>✓</u>	_____	_____
(3) Completed "d" Variance Application (if applying for "d" Variance)	_____	_____	_____
(4) Fees: Checks made payable to West Windsor Township	_____	_____	_____
Submit one (1) check for Application fee(s) and one (1) check for Escrow fee(s)			
(a) c Variance Application Fee: \$100	<u>✓</u>	_____	_____
(b) c Variance Escrow Fee: \$350 per variance	<u>✓</u>	_____	_____
(c) d(1), d(2), d(3), d(5), and d(6) Application Fee: \$1,500	_____	_____	_____
(d) d(1), d(2), d(3), d(5), and d(6) Escrow Fee: \$5,000	_____	_____	_____
(e) d(4) Application Fee: \$100	_____	_____	_____
(f) d(4) Escrow Fee: \$2,500	_____	_____	_____

<i>Requirements</i>	<i>Provided</i>	<i>N/A*</i>	<i>Waiver**</i>
(5) One (1) original copy of folded and collated maps, plans and documentation showing the following:			
(a) Key Map with legible street plan showing the location of the subject property with a north arrow.			
(b) Accurate location of all property lines.			
(c) Zoning classification of land.	R-1C		
(d) Tax map block and lot numbers.	20.11	2	
(e) Location of existing and/or proposed houses, additions, driveways, pools, and/or other buildings and structures with accurate distances from the property lines drawn to scale.			
(f) For adjoining properties, the distance from structures to the nearest property line of subject property. The names of owners on all adjoining property shall also be provided.			
(g) Location of existing and/or proposed septic systems.			
(h) Acreage of subject property.	6.1		
(i) Location of all easements, public rights-of-way, and greenbelt areas as shown in the Conservation Element of the Master Plan		✓	
(j) Identification of any trees to be removed by species and size (caliper)		✓	
(k) Existing and proposed floor plans indicating overall dimensions and square footage for each floor. All existing and proposed architectural elevations. Height(s) of building and/or structure as defined in Section 200-4 (Building Height) of the West Windsor Land Use Code.		✓	
(6) Certification in writing from the Tax Collector that all taxes are paid in full for the current quarter			
(7) Photos of property and existing structure (all sides).			
(8) Completed agreement to pay for professional review and inspections.			
(9) Completed W-9 Form.			
(10) Completed residential conformity checklist.	✓		
(11) Aerial photograph of subject property including lots within 200 feet thereof (aerials may be acquired from Google.com).	✓		
(12) NJDEP Letter of Interpretation/presence or absence of wetlands			

<i>Requirements</i>	<i>Provided</i>	<i>N/A*</i>	<i>Waiver**</i>
(13) For d(4), d(5), and d(6) variances, please submit a copy of a tax map showing the sizes of lots, the square footages of dwellings and, to the extent practicable, the heights of dwellings with photographs thereof for lots on both sides of the street of the subject property for at least five hundred (500) feet along either side of the subject property.	_____	_____	_____



The following items are necessary for the public hearing and should be submitted electronically and original copies delivered to the Land Use Office no later than by the close of business of the day of the hearing. These items do not affect the completeness of the application.

<i>Requirements</i>	<i>Provided</i>	<i>N/A*</i>	<i>Waiver**</i>
(14) Certified list of property owners within 200 feet of the subject property.	_____	_____	_____
(13) Original notice to property owners.	_____	_____	_____
(14) Affidavit of publication from The Princeton Packet.	_____	_____	_____
(15) Certified mail receipts showing postal date stamp from letters sent to property owners and any green receipt cards from the post office.	_____	_____	_____
(16) Original Affidavit of Proof of Service	_____	_____	_____

* N/A: Not Applicable

** If a waiver is requested, please attach a written statement explaining why said waiver should be granted.

Once the initial copy of the application(s), plans and documentation has been submitted, the Land Use Officer will review the package for accuracy. A letter will then be sent to the applicant requesting any changes if necessary and indicating the total number of copies documentation needed. When the requested copies are received by the Land Use Office, the application will be deemed complete and the application will be scheduled for the next available meeting of the Zoning Board of Adjustment.

The Zoning Board of Adjustment meets the first Thursday of each month at 7:00 pm at the West Windsor Township Municipal Building, 271 Clarksville Road, West Windsor, New Jersey 08550.



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE RESIDENTIAL CONFORMITY CHECKLIST

Application Name: AFM HARVE
Location: 3 Day Farm Road, Princeton Junction, NJ 08550
Block: 20-11 Lot: 2 App. No. _____

Property Survey to Show:

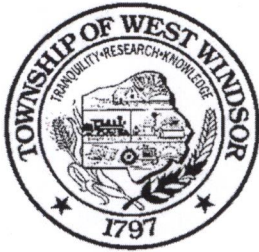
- | <i>Item</i> | <i>Provided</i> |
|---|-------------------------------------|
| A. Completed original "Application to West Windsor Zoning Board of Adjustment" | <input checked="" type="checkbox"/> |
| B. Easements | _____ |
| C. Septic location (if applicable) | _____ |
| D. Overall lot dimensions | _____ |
| E. Proposed improvements, drawn to scale indicating dimensions and distances from front, side, and rear lot lines | _____ |

Complete Areas Below as Appropriate

- | <i>Item</i> | <i>Area</i> |
|---|------------------------------|
| A. Area of lot | <u>261708.48</u> Square feet |
| B. Area of existing residence, excluding garage (include all floors except basement, unless basement is used as "living space") | <u>5522</u> Square feet |
| C. Area of first floor | <u>3997</u> Square feet |
| D. Area of garage | <u>759</u> Square feet |
| E. Area to be constructed or improved (e.g. addition, renovation, or basement) | _____ |
| F. Area of existing paved surfaces on lot (e.g. paved driveway, walkway to house excluding public sidewalk) | _____ Square feet |
| G. Area of proposed paved surfaces (e.g. new driveway, walkways, patios, etc.) | _____ Square feet |

Official Use Only

- | <i>Item</i> | <i>Area</i> |
|---------------------------------|-------------|
| A. Maximum Improvement Coverage | _____ % |
| B. Floor Area Ratio | _____ % |



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE

AGREEMENT TO PAY FOR PROFESSIONAL REVIEW AND INSPECTIONS

Applicant: Please provide required application fee/escrow deposit, sign below under the agreement to pay for a Professional Review of your application, and return to the Manger of the Division of Land Use.

Name of Application: AFM HAOLE
Application Control Number: _____
Amount of Application Fee: \$100
Amount of Initial Escrow Fee: \$350

NOTE: Please pay application fee and escrow fee by separate checks in order to ensure prompt processing.

Date Received: _____
Planning Board: _____ Zoning Board: _____

Fee Calculation

Type of Application	Application Fee	Escrow Deposit	Inspection Fee
<u>C- Vaname</u>	<u>\$100.00</u>	<u>\$350.00</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____

Corporate/Federal Tax ID: _____
Individual/Social Security ID: [REDACTED]

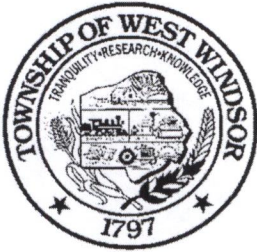
Applicant's Address: 3 Day Farm Road, Princeton Junction, NJ 08550
Block: 2011 Lot: 2 Name of Applicant/Agent: AFM HAOLE

Applicant agrees to pay for all professional review/inspection costs incurred by West Windsor Township during the review and approval process for the above referenced development application pursuant to Section 82-3, Development Application Review Fee Ordinance, General Ordinances of West Windsor Township and the Municipal Land Use Law (MLUL) 40:55D-53.1 et seq.

[Signature] Owner 5/4/26
Applicant's signature Title Date

Approved: West Windsor Township Land Use Division

Manager, Division of Land Use Date



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE ZONING BOARD OF ADJUSTMENT APPLICATION

For Official Use Only

Application Control Number: _____

Date Filed: _____

Section 1: Information Regarding the Applicant

A. Full Legal Name: AFM Z HAQUE

B. Mailing Address: 3 Dey Farm Road, Princeton Junction
NT 08550

C. Home Telephone Number: 601 466 6980

D. Cell Phone Number: 601 466 6980

E. Email Address: afm-haque@comcast.net

F. The Applicant is a:

Partnership: _____

Individual(s): _____

Other (Please Specify): _____

G. If the Applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.

F. The Applicant is a:

Owner: _____ Lessee: _____

Purchase Under Contract: _____ Other: _____

H. If the Applicant is not the owner of the property in question, the Applicant must obtain and submit a copy of this application signed by the owner in the space provided in Section 7B.

Note: If the applicant is a corporation seeking relief under N. J. S.A. 40:55D-70 et seq., then the Applicant must be represented by a New Jersey Attorney).

Section 2: Information Regarding the Property

- A. Property Address: 3 Dey Farm Road, Princeton Junction
NT 08550
- B. Block Number(s): 20.11 Lot Number(s): 2
- C. Zoning District: _____
- D. Property Dimensions: _____
- E. Size of Property: 6.1 Square feet/acre(s)
- F. Road Frontage: _____
- G. The Property is Located:
 - 1. Withing 200 feet of another municipality NO
 - 2. Adjacent to an existing or proposed County road NO
 - 3. Adjacent to a state highway NO

If any of the above apply, please make sure that all proper jurisdictional authorities ARE properly noticed and served. If there is any doubt on who should be notified, please contact the Planning/Zoning Office).

- H. Have there been any previous Zoning Board of Adjustment or Planning Board hearings involving this property?
Yes: _____
No: X
- I. If the answer to "H" is yes, attach a copy of the written decision(s) adopted by the applicable Board.

Section 3: Information About Requested Relief

- A. Nature of Application: AFM HAQ
- 1. Type of Application
 - a. "a" Variance: Appeal of Zoning Officer _____
 - b. "a" Variance: Appeal of Alleged Error _____
 - c. "c" Variance: Bulk (Dimensional) _____
 - d. "d" Variance: (use, FAR, density, heigh, etc.): _____
- 2. Subdivision
 - a. Proposed _____
 - b. To follow _____
- 3. Site Plan
 - a. Proposed _____
 - b. To follow _____
- 4. Waiver of lot street frontage requirement _____
- 5. Exception to the official map _____

Section 3: Information About Requested Relief (continued)

B. Please attach one copy of the following forms depending on the type of application beings submitted:

1. "a" Variance: Appeal of Zoning Officer _____
2. "a" Variance: Appeal of Alleged Error _____
3. "c" Variance: Bulk (Dimensional) _____
4. "d" Variance: (use, FAR, density, heigh, etc.): _____

Section 4: Information About Experts

The following information, although not required, is requested to enable the Board to better facilitate the processing of this application.

A. Applicant's Attorney

Name: _____
Address: _____
Phone: _____
Email: _____

B. Applicant's Engineer

Name: _____
Address: _____
Phone: _____
Email: _____

C. Applicant's Architect

Name: _____
Address: _____
Phone: _____
Email: _____

D. Applicant's Planner

Name: _____
Address: _____
Phone: _____
Email: _____

E. Other Expert(s)

Name: _____
Address: _____
Phone: _____
Email: _____

Section 5: Submittal of Application

Please submit one (1) copy of the following material to the Planning/Zoning Office during "Open Window" week, which is the week of the second Wednesday of each month.

<i>Requirements</i>	<i>Provided</i>
A. Signed application (with a copy of an agreement with the owner if being purchased)	✓ _____
B. One (1) set of scaled drawings showing all adjoining properties affected and all features involved (e.g. dimensions of present and proposed buildings, location of all structures and distances between various structures and property lines, parking layout, etc.)	✓ ✓ _____
C. One (1) set of applications as required by Section 3B: Information About Requested Relief. Once your application is received by the Planning and Zoning Office, you will receive a certified letter from the Director of Community Development outlining what, if any, changes are required. The required application and escrow fee amounts as well as the required number of copies of the application and plans to be deemed complete will be outlined in said letter.	_____ _____

Section 6: Complete Application

Once an application has been deemed complete, the following items need to be addressed at least 10 days prior to your meeting date.

<i>Requirements</i>	<i>Provided</i>
A. Notice of all property owners within 200 feet via Certified Mail (Return Receipt Requested)	_____
B. Copy of notice to the official newspaper of the West Windsor Township Zoning Board of Adjustment (contact the Planning and Zoning Officer for the name of the official newspaper)	_____
C. Notification of State or County if proposed application borders State/County Road, or is within 200 feet of such roadway	_____
D. Notification of adjoining County or Municipality if proposed application is located within 200 feet of the proposed application.	_____

A complete application requires the following submissions to the Planning/Zoning Office at least 3 days prior to the scheduled meeting date.

<i>Requirements</i>	<i>Provided</i>
E. Return receipts from Certified letters	_____
F. Notarized Proof of Service	_____
G. Proof of Publication (to be provided by the newspaper to which the notification was sent)	_____
H. Person other than the owner makes a letter or power of attorney, in case appeal is made by person other than owner	_____

Section 7: Verification and Authorization

- A. Applicant's Verification: I hereby certify that the above statements made by me and the statements and information contained in the papers submitted in connection with this application are true. I am aware that if any of the foregoing statements are false, I am subject to punishment.

Applicant's Name: _____

Applicant's Signature: _____

- B. Owner's Authorization: I hereby certify that I reside at 3 Dey Farm Road in the County of Meiler in the State of New Jersey and that I am the owner of all that certain lot, piece, or parcel of land known as Block(s) 20.11 and Lot(s) 2 on the Tax Map of West Windsor, which is the subject of the above application, and that said application is hereby authorized by me.

Owner's Name: _____

Owner's Signature: _____

Owner's Phone Number: _____

Owner's Email: _____

Section 8: Additional Items

- A. All certified lists of property owners with 200 feet of the proposed application must be requested in writing from the Planning/Zoning Office. A fee of \$10.00 or \$0.25 per lot, whichever is greater, is required for this service.
- B. Any "d" variance application requires the recordation of the hearing by a certified court reporter in accordance with a Resolution passed by the Zoning Board of Adjustment on November 8, 1978. The cost of such reporter must be borne by the applicant.
- C. Any corporate applicant seeking relief from the Zoning Board of Adjustment must be represented by a New Jersey attorney.
- D. Attached is a sample notice form for all properties located within 200 feet of the proposed application.
- E. Attached is a Proof of Service form to be filled out by all applicants.



WEST WINDSOR TOWNSHIP

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF LAND USE REQUEST FOR BULK VARIANCE (NJSA 40:55D-70C)

Application Name: AFM HARVE
Location: 3 Dey Farm Rd, Princeton Junction, NJ, 08550
Block: 20-11 Lot: 2 App. No. _____
Zoning District: R-1/c

Zoning Information

	Required	Proposed
Lot Area	_____	_____
Lot Frontage	_____	_____
Lot Width	_____	_____
Lot Depth	_____	_____
Front Yard	_____	_____
Side Yard	_____	_____
Rear Yard	_____	_____
FAR	_____	_____
Improvement Coverage	_____	_____
Building Height	_____	_____

Complete A through D (Attach documents as required)

A. In the space below, state the nature of the constraints imposed by the physical characteristics of the land under consideration (i. e. exceptional narrowness, shallowness or topographic conditions).

3 Dey Farm Rd, Princeton Junction, NJ has an embankment with trees lining the front property line at the 40ft mark from the street.

- B. In the space below, state any other extraordinary or exceptional situation or conditions of the land involved which would constrain development in accordance with Zoning Regulations.

The surrounding embankment with trees would require extraordinary landscaping and the removal of a significant majority of the trees on the property including almost all of the trees in front of the property line. This would occur if the homeowner followed either West Windsor Township § 200-227 zoning options. If the homeowner installed a 4ft fence at 1ft mark, they would remove a significant number of trees and have to move the PSEG & Comcast box unit and lines. If they followed the 6ft fence at 4ft, they would need to restructure the landscape, flatten out the embankments, and remove the entire tree line in the front of the property.

- C. Explain how not granting this variance request would impose peculiar and exceptional practical difficulties or exceptional or undue hardship upon you.

Homeowner has a son with autism spectrum disorder who has a history of elopement behaviors when agitated and/or overstimulated. Son is an adult male who would be able to scale a four foot fence with little difficulty. A six foot fence would pose an additional challenge to the client and interrupt any elopement attempts.

- D. Explain how the granting of this variance will not detrimentally affect the public good or substantially impair the intent and purpose of the Zone Plan and Zoning Ordinance.

The six foot fence at the 3ft mark from the street would allow the homeowner to maintain the current topography of the property and sustain the landscape of the development. It would be in line with fences and properties of neighboring house allowing for consistency in the topography of Dey Farm Rd. It would also reduce and potentially eliminate any undue hardship brought on the homeowner and neighbors as a result of the son's propensity for eloping from their property.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) AFM HAQUE</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. 7 Spruce Ct</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code Plainsboro, NJ 08536</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number							
or							
Employer identification number							
		-					

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 5/14/24
------------------	------------------------------	--

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

6' High Aluminum Fence 25' off Asphalt

FARM DRIVE

DEY

TYPE 'E' INLET TANK

TRANSFORMER - ELEC. TO CABLE BOX FULL TELEPHONE BOX

15' WIDE DRAINAGE EMBANKMENT

5' WIDE UNDERGROUND UTILITY EMBANKMENT

STREET LIGHT

A	TANK	51.6'
B	TANK	71.0'
A	D' BOX	61.7'
D	D' BOX	82.6'
A	C (SEP. COR.)	83.5'
D	(SEP. COR.)	41.7'
E	(SEP. COR.)	72.0'
D	C (SEP. COR.)	100.4'
D	(SEP. COR.)	70.5'
E	(SEP. COR.)	46.0'

	ASBUILT DISPOSAL SYSTEM ELEVATION	
	ASBUILT	PROPOSED
INV OUT E HOUSE	96.92'	96.30'
TANK INV. IN.	95.75'	95.89'
TANK INV. OUT	95.95'	95.69'
D' BOX INV. IN.	94.95'	95.05'
D' BOX INV. OUT.	94.95'	94.95'

LEGEND

- - - - - ASBUILT CONTOURS
- 91.7 ASBUILT ELEVATION
- 94.2 PROPOSED ELEVATION
- — — — — PIPE CLEANOUT (SEPTIC)
- — — — — GAS LINE
- — — — — ELECTRICAL & TELEPHONE LINE
- — — — — CABLE TV LINE
- PERCOLATION TEST
- ▲ SOIL LOG

6' High Black Chain Link

I HEREBY CERTIFY THAT THE ASBUILT GRADING SHOWN HEREON IS IN GENERAL CONFORMITY WITH THE APPROVED PLOT PLAN & SEPTIC DESIGN.

I HEREBY CERTIFY THAT THE FILTER SAND USED IN DISPOSAL FIELD SHOWN HEREON CONFORMS TO CURRENT SPECIFICATIONS OF WEST WINDSOR TWP

D. Geoffrey Brady
D. GEOFFREY BRADY PE

REFERENCE MAP.

AS SHOWN ON A PLAN ENTITLED "FINAL MAP, DEY FARM LOTS, WEST WINDSOR TWP., MERCER COUNTY, N.J." SCALE 1"=100' LAST REVISED 11-24-80 PREPARED BY WLOUIS, READ & ASSOCIATES, INC. FILED IN THE MERCER COUNTY CLERK'S OFFICE ON 11-24-80 MAP No. 2737

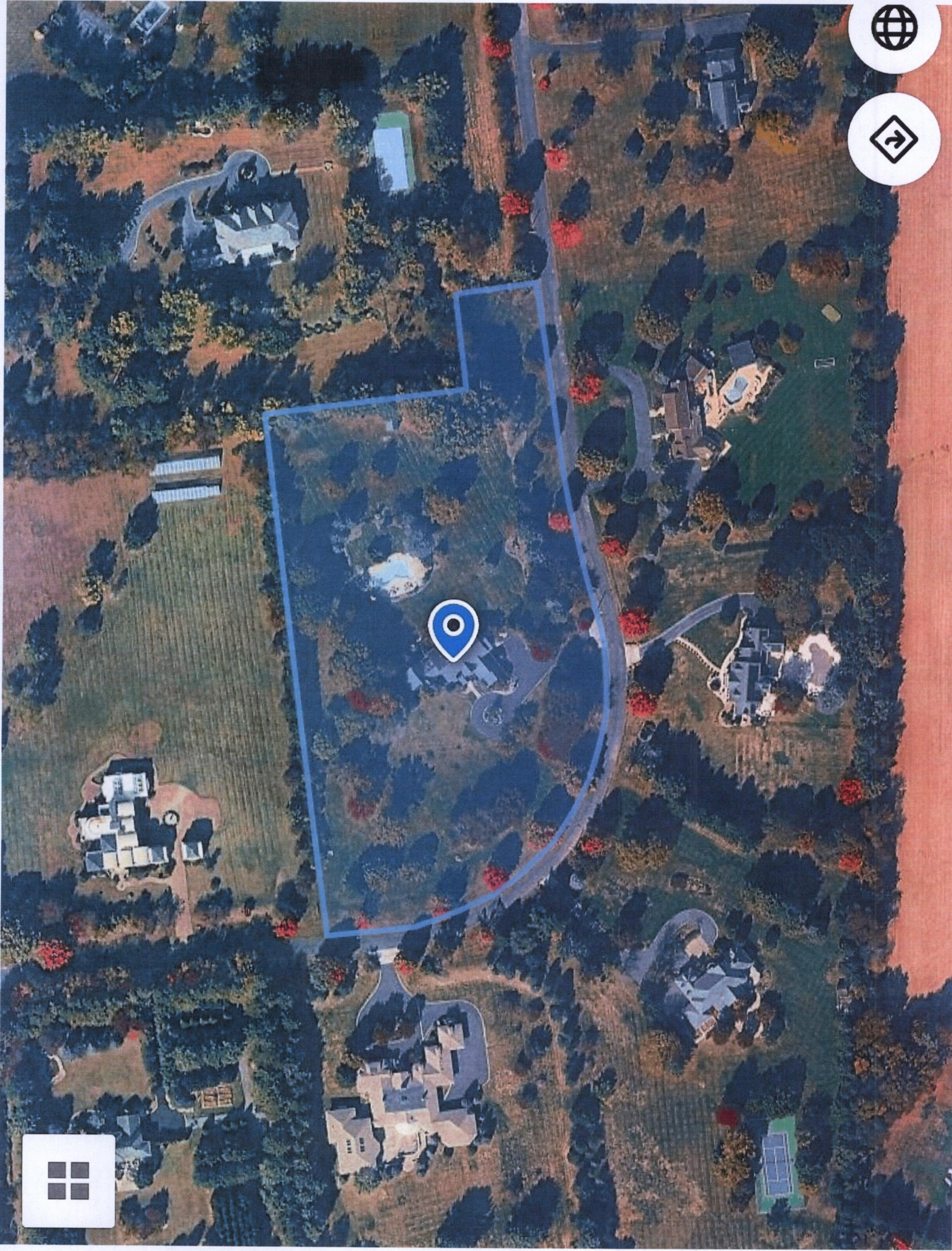
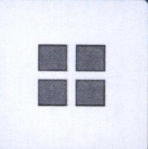
ARNOLD RYDEN JR. PROFESSIONAL LAND SURVEYOR No. 21223	
PRINCETON JCT. ENGINEERING CO. PROFESSIONAL ENGINEERS & LAND SURVEYORS P.O. BOX 223 NORTH POST RD. PRINCETON JUNCTION, NEW JERSEY 08550 (609) 799 1906 (609) 799 1963	
FINAL ASBUILT PLAN OF LOT-2, BLOCK-2011 FOR DEY FARM ESTATE WEST WINDSOR TWP. MERCER CO., N.J.	
BRYCE M. RITTENHOUSE ARNOLD RYDEN, JR. D. GEOFFREY BRADY WESLEY J. LANE	P.E. L.S. NO. 13453 P.E. L.S. NO. 21223 P.E. L.S. NO. 24227 P.E. L.S. NO. 24727
DRAWN KB	DATE 1-4











****OUTSIDE LOOKING IN****

