

TOWNSHIP OF MARLBORO
ZONING BOARD OF ADJUSTMENT

DISCLOSURE STATEMENT

Application Number ZB _____ Date _____

Applicant Name Neurology Center for Epilepsy & Seizures, LLC

Received by _____ Date received _____

Disclosure Pursuant to N.J.S.A. 40:55D-48.1

To: The Township of Marlboro Zoning Board of Adjustment

Pursuant to N.J.S.A. 40:55D-48.1 Neurology Center for Epilepsy & Seizures, LLC
Applicant Name

Is a Corporation or Partnership, which has applied to the Township of Marlboro Zoning Board of Adjustment for permission to subdivide a parcel of land into six or more lots, or is applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes under Zoning Board

Application Number _____ and, therefore, discloses the names and addresses of all stockholders or individual partners who own ten percent (10%) or more of it's stock or of ten percent (10%) or greater interest in the partnership as the case may be:

Name of Stockholder	Address	Percentage of Interest
Amor R. Mehta, MD	479 Route 520, Suite B101 Marlboro, NJ 07746	100%

Neurology Center for Epilepsy and Seizures, LLC

Applicant Name (Print)



Applicant Signature