DEVELOPMENT REVIEW APPLICATION FORM Atlantic County, New Jersey

Notice to Applicant: Please forward six (6) copies of the plan and supporting documentation along with six (6) copies of this application form to the Atlantic County Department of Planning, PO Box 719, Northfield, NJ 08225.

1.	APPLICANT: Name			
	Address			
	Phone #	Email		
2.	OWNER: Name			
	Address			
	Phone #	Email		
	If APPLICANT is NOT OWNER, attack authority to make this application. I disclosure statement.			
3.	ATTORNEY: Name			
	Address	City	State_	Zip
	Phone #	Email		
4.	PLAN PREPARER: Name			
	Address	City	State_	Zip
	Phone #			
5.	TYPE OF DEVELOPMENT: (check	one)		
	Minor Subdivision		Major Subdivision	Site Plan
	_ Along a County Road with NO roa		_ Not Along a County Road	_ Not Along a County Roa
	_ Along a County Road with roadwa _ Not Along a County Road	y improvements	_ Along a County Road	_ Along a County Road
6.	Is this development located in the Pinelands? Yes No If YES, provide Pinelands Certificate of Filing or Certificate of Compliance #			
7.	Existing Use			
8.	LOCATION OF DEVELOPMENT: MunicipalityAddress			
	Tax Map Block #		Tax Map Lot #	
_				
9.	• • • • • • • • • • • • • • • • • • • •		N	
	No. of Existing Lots		No. of Proposed Lots	
10.	SITE PLAN:			
	Proposed Use			
	Single Family (No. of Lots)			
		Townhouse (<i>No. of Units</i>)		
	Commercial/ Retail S.F			
	Industrial S.F			
	What is the status of submission with Municipality?			
	Have you ever applied to Atlantic County previously for this project?			
	so, what is the County File #			
	certify that the above statements made by me are true. I am aware that if any of the foregoing statements made by me a			
	willfully false, I am subject to punishment. I agree to comply with all Land Development and Highway Occupancy Ordinances of Atlantic County applicable to this			
	development and not to construct i			
NΑ	TURE OF APPLICANT:	•	. , , ,	
1			-	· · · · · · · · · · · · · · · · · · ·
NT	APPLICANT NAME:			