



# MONMOUTH COUNTY DEVELOPMENT REVIEW COMMITTEE

## Addendum A-2 Waiver Request Form

ONLY FILL IN IF PREVIOUSLY ASSIGNED

FILE NUMBER: \_\_\_\_\_

### Application Information

Municipality:	
Project Name:	
Tax Map Block:	Tax Map Lot:
Street Address:	

### Contact Information

<b><i>Applicant/Representative</i></b>	
Name:	
Address:	
Telephone:	Email:

The applicant requests the following waiver(s) to the Monmouth County Development Regulations for the above referenced development application:

Design Standard (Cite Section)	
Summary of Relief Sought	
Justification for Waiver Request	

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**If more than three (3) waivers are requested, submit an additional Waiver Request Form. Applicants and or their designated representative(s) are required to attend the scheduled Development Review Committee meeting to present the hardship for the requested waiver(s).**

**Affirmation**

<p>1.) I affirm that to the best of my knowledge the information provided herein is true and accurate. Furthermore, I understand the review period for this application will not commence until the proper fee, and all required materials are received and determined to be acceptable, at which time the application will be scheduled for review by the Development Review Committee within thirty (30) days.</p> <p>2.) As the Applicant and/or authorized representative, I acknowledge copies of correspondence related to this submission may be sent between the Monmouth County Development Review Committee and its representatives and those listed as Contacts on this application, unless otherwise stated in writing:</p>	
<b>X</b>	
<i>Signature of applicant or representative</i>	<i>Date</i>