



MONMOUTH COUNTY DEVELOPMENT REVIEW COMMITTEE

Addendum B-2 Subdivision Application Form

FOR OFFICIAL USE ONLY

FILE NUMBER: _____

An application will be deemed complete when all applicable items under Addendum B-3 Submission Completeness Checklist have been received.

Location Information

Municipality:	
Project Name:	
Tax Map Block(s):	Tax Map Lot(s):
Street Address:	
General Location:	

(Cross Streets, Intersection, between roads, landmark, etc.)

Municipal Status

Has this proposal been submitted to the municipality for review and approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, which municipal agency have the plans been submitted to:			
<input type="checkbox"/> Planning Board	<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Construction Official	<input type="checkbox"/> Other
Did this proposal receive final approval from the municipality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is or was a use variance required for municipal approval?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this application part of the municipality's affordable housing fair share requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a concurrent application (subdivision or site plan) associated with this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Application Information

General Project Description:			
Zoning District (Name and Abbreviation):			
Use Category	Existing:		
	Proposed: Select one (1)		
	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Office <input type="checkbox"/> Industrial
	<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Quasi/Public	<input type="checkbox"/> Other _____
<input type="checkbox"/> Check for Warehouse		<input type="checkbox"/> Check for Multifamily Residential	
Tract Area (sq.ft.):			
Impervious Coverage (sq.ft.)	Existing:	Total:	Change:
County Road (if applicable)	Name:	Number:	
Total Frontage along County Road (ft)	Existing:	Total:	
R.O.W. Width from the Centerline (ft)	Existing:	Total:	
County Bridge (if applicable)	Structure Number:		
<i>SUBDIVISION DETAILS</i>			
Number of Lots	Existing:	Total:	Change:
Number of Dwelling Units	Existing:	Total:	Change:
Linear feet of new (proposed) roadway:			

Contact Information

Applicant	
Name:	
Address:	
Telephone:	Email:

Owner (if other than applicant)	
Name:	
Address:	
Telephone:	Email:

Attorney	
Name:	
Firm:	
Address:	
Telephone:	Email:

Person and/ or Firm Preparing Plan	
Name:	
Firm:	
Address:	
Telephone:	Email:

Other	
Name:	
Association to Applicant:	
Address:	
Telephone:	Email:

Ownership Disclosure

If the applicant is a corporation or partnership, complete the following indicating all owners holding a 10 percent or greater interest.

Owner Name	Address	% Interest
1.)		
2.)		
3.)		
4.)		

Note: If any owner holding 10 percent or greater interest is itself, a corporation, and or partnership, then a complete ownership disclosure for that owner is required.

Affirmation

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 (see Addendum B-3 Submission Checklist, for all requested materials).

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:

X

Signature of applicant or representative *Date*

Checks or Money Orders shall be made payable to the “Monmouth County Treasurer”. Cash will not be accepted.

State, county and municipal governments and quasi-governmental entities are exempt from the payment of application and inspection fees.

Administrative Completeness

FINANCE	
<input type="checkbox"/> Review Fee Paid: Amount \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Money Order
X	
<i>Received By</i> _____	<i>Date</i> _____
MATERIALS REVIEW	
<input type="checkbox"/> Complete Application	<i>Date</i> _____
<input type="checkbox"/> Incomplete Application	<i>Date</i> _____
Reason(s) Deemed Incomplete:	
<input type="checkbox"/> Incorrect or Fee	
<input type="checkbox"/> Missing 25-Year Storm Analysis	
<input type="checkbox"/> Missing Drainage Map to Nearest Downstream County Structure	
<input type="checkbox"/> Missing Required Number of Copies	
<input type="checkbox"/> Other _____	
X	
<i>Administrative Review Completed By</i> _____	<i>Date</i> _____