

# MONMOUTH COUNTY PLANNING BOARD

HALL OF RECORDS ANNEX  
ONE EAST MAIN STREET  
FREEHOLD, NEW JERSEY 07728-1255  
Phone, 732.431.7460 Fax, 732.409.7540  
E-Mail, monmouthplanning.com



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

## SITE PLAN APPLICATION FORM

Municipality \_\_\_\_\_

Project Name \_\_\_\_\_

Applicant \_\_\_\_\_

Name of Person and \_\_\_\_\_

Address \_\_\_\_\_

Firm preparing plan \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Owner \_\_\_\_\_  
(if other than applicant)

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Attorney \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Indicate which Municipal Agency that plans have been filed with:

Planning Board       Board of Adjustment       Construction Official       Other

Tax Map: Block(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_

Location: (Road, intersecting roads, between what roads?) \_\_\_\_\_

Site Plan Address: \_\_\_\_\_

Zone \_\_\_\_\_ Existing use \_\_\_\_\_ Proposed use \_\_\_\_\_

Area of tract \_\_\_\_\_ If residential, indicate number of dwelling units \_\_\_\_\_ Gross density \_\_\_\_\_

Area of building (square feet): Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total \_\_\_\_\_

Number of buildings \_\_\_\_\_ Area of each \_\_\_\_\_

Number of parking spaces: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total \_\_\_\_\_

Impervious Area: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total \_\_\_\_\_

Number of employees: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total \_\_\_\_\_

Hours of operation: Starting time \_\_\_\_\_ Quitting time \_\_\_\_\_

Signature of applicant or agent \_\_\_\_\_ Date \_\_\_\_\_

**The review period will not commence until the proper fee, three (3) sets of sealed plans (two [2] if not on county road) and a completed Monmouth County Development Review Checklist for applications on county roads, are received.**

**Checks or Money Orders shall be made payable to the County of Monmouth. Cash will not be accepted.**

**State, county and municipal governments, churches, hospitals and secular non-profit institutions are not required to submit fees.**

**Do Not Write Below This Line**

REVIEW FEE PAID      Amount \_\_\_\_\_ Date Received \_\_\_\_\_

Received By \_\_\_\_\_

**Last Copy is for Applicant's Records**