

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 _____

SUBDIVISION APPLICATION FORM

Municipality _____	Project Name _____
Applicant _____	Name of Person and _____
Address _____	Firm Preparing Plan _____
_____	Address _____
Telephone _____	_____
Owner _____	Telephone _____
(if other than applicant)	Attorney _____
Address _____	Address _____
_____	_____
	Telephone _____

Indicate which Municipal Agency that plans have been filed with: Planning Board Board of Adjustment

Tax Map: Block(s) _____ Lot(s) _____

Location: (Road, intersecting roads, between what roads?) _____

Site Street Address: _____

Zone _____ Proposed Use _____

Number of Proposed Lots _____ Gross density _____

Number of Proposed Dwelling Units _____ Sell Vacant Lots

Average Lot Size _____ Linear Feet of New Roads _____

Area of Entire Tract _____ Area Being Subdivided _____

Impervious Area: Existing _____ Proposed _____ Total _____

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