

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
Web Site: www.visitmonmouth.com



FILE NUMBER _____

SUBDIVISION 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

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 and quasi-governmental entities are exempt from the payment of application fees and inspection fees.

Do Not Write Below This Line

REVIEW FEE PAID Amount _____ Date Received _____

Received By _____