

FOR OFFICE USE ONLY:

Date Received:

Documents submitted:

- | Received | N/A | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | Payment (Check number: _____ amount: \$ _____ or Cash: \$ _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) copies of a current signed and sealed Survey with locations of proposed work. |
| <input type="checkbox"/> | <input type="checkbox"/> | Board of Health, Bayshore Regional Sewerage Authority or Holmdel Sewer Dept. Approval |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) sets of Plans (Signed & sealed by Professional or signed & dated by Homeowner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning Board Variance Approval (Date of resolution approving work: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Signed Developer's Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Preliminary Planning Board () or Zoning Board () approval |
| <input type="checkbox"/> | <input type="checkbox"/> | Final Planning Board () or Zoning Board () approval (Administrative Officer sign off) |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) sets of Soil and Erosion Plans (two (2) sets for Township Engineer) |
| <input type="checkbox"/> | <input type="checkbox"/> | Freehold Soil Application or approval letter (For soil disturbance greater than 5,000 sq. ft.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fencing Certification / Silt Fence |
| <input type="checkbox"/> | <input type="checkbox"/> | Conservation Easement Protection Fencing Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | Tree Save Certification |
| <input type="checkbox"/> | <input type="checkbox"/> | N.J.D.E.P. approval for site work involving wetlands (Cert # : _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) copies of signed and sealed FINAL Survey (Date received: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Notes: