



BOROUGH OF ROCKAWAY CONCEPT REVIEW MEETING REQUEST

Number of Copies Required: 6 copies of all documents (if all documents can be sent digital then only 4 copies required)

Date: _____

Block: _____ Lot: _____ Zone: _____

Street Address of Property: _____

Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Owner Information:

Name: _____

Mailing Address: _____

Phone Number: _____

Professional Information:

Please list any professional below that will be participating with Concept Review process:
(Please include name, business name and phone number)

Additional Information:

Present Use of Property: _____

Proposed Use of Property: _____

Multi Family Planned Unit Development: (RESIDENTIAL)

Total Housing Units _____ Number of Bedrooms per unit _____

Type of Housing: () Fee Simple () Condo () Townhouse () Rental () Apartments

Planned Development: (NON-RESIDENTIAL)

Site Acreage _____ Area Disturbed _____ Building Lot Coverage _____

Impervious Coverage _____ FAR% _____ Number of Parking Spaces _____

Proposed Sign Dimensions _____ Number of Signs Proposed _____

Please complete both sides of form.

Dimensions of lot:

Front yard _____ feet

Depth _____ feet

Width _____ feet

Size of Lot _____ square feet

Have there ever been any previous appeals, requests, or applications made to this or any other Board, or municipal agency involving these premises? YES NO (circle one)

If yes, state nature, date and disposition of said matter.

Please give a summary of proposed project:

CORPORATION OR PARTNERSHIP

Applications before the Concept Review Committee by a Corporation or Partnership for a subdivision of six (6) or more lots, or 25 or more family units, for approval of a site plan or approval of lands for commercial purposes, shall list below the names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class or at least 10% of the interest in the partnership, as the case may be, as required by N.J.S.A. 40:55D-48.1.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

SITE INSPECTION AUTHORIZATION FORM

I hereby give permission for Rockaway Borough Municipal Agencies and their agents to come upon and inspect these premises with respect to this application for _____,
(Street address of project)

Block _____ Lot _____.

Application's Signature: _____

Print Applicant's Name: _____

Date: _____

Notary:

Sworn to and subscribed, before me _____ . This _____ day of _____, 2022.

Notary Public of New Jersey