

To: _____ Fax No. _____

APPLICATION REVIEW COMMITTEE INFORMATION

Name _____ Date _____

Address _____
Street Town State Zip code

Daytime Phone# _____ E-Mail _____

FAX _____

*Name of Property Owner(s) _____

Address of Property Owner(s) _____

Location of property _____

Block _____ Lot(s) _____ Zone _____

General Proposal _____

* Note - If the applicant is not the owner of the subject property, a completed Owner's Letter of Consent Form is required. This form may be obtained by contacting Dawn Wolfe at (908) 647-8000, Ext. 218.

This form, after completion, may be faxed to Dawn Wolfe at (908) 647-4150 or e-mailed to pzadm@longhillnj.us.