

MEETING DATE _____ **SD#** _____

BRIDGEWATER TOWNSHIP
PLANNING DEPARTMENT
(908) 725-6300 ext. 5535/5531 fax: (908) 429-0586

**INFORMAL CONCEPTUAL MEETING
WITH TOWNSHIP PROFESSIONALS**

Contact Name: _____

Company Name: _____

Address: _____

Phone# _____ Fax#: _____

Project's street address and nearest crossroad: _____

Project's Block(s) # _____ Project's Lot(s) # _____

Summarize proposed project including property location:

Please list names and telephone numbers of other professionals that will be attending the meeting:

	<u>NAME</u>	<u>PHONE NUMBER(s)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

- Attach completed and signed W-9 form including tax ID/SS#
- \$500.00 escrow check made payable to Bridgewater Township. The escrow account is used to pay the Township professionals for their time at the meeting and review of documents submitted. **CHECK & W-9 FORMS MUST HAVE THE SAME NAME**