

MEETING DATE \_\_\_\_\_

SD# \_\_\_\_\_

BRIDGEWATER TOWNSHIP  
PLANNING DEPARTMENT  
(908) 725-6300 ext. 5530  
[planning@bridgewaternj.gov](mailto:planning@bridgewaternj.gov)

INFORMAL CONCEPTUAL MEETING  
WITH TOWNSHIP PROFESSIONALS

**NO EMAIL SUBMISSIONS - ALL SUBMISSIONS MUST INCLUDE:**

- (4) HARD COPIES of an INFORMAL sketch/plan
- (4) copies of a brief summary/description of project (including property location)
- (1) Completed AND SIGNED W-9 form including Tax ID/SS#
- (1) Check in the amount of \$500.00 for escrow, payable to Bridgewater Township\*

**CHECK & W-9 MUST BE DATED CURRENT YEAR & HAVE THE SAME NAME**

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Project STREET (PHYSICAL) ADDRESS and nearest intersection: \_\_\_\_\_

Project Block(s) # \_\_\_\_\_ Project Lot(s) # \_\_\_\_\_

**NAMES, EMAIL ADDRESSES & PHONE NUMBERS FOR ALL WHO WILL ATTEND:**


\*Escrow is used to pay Township professionals for their review of the submission and participation in the meeting. Any unused portion is subject to refund upon *written request to the Finance Department* ([pdesarno@bridgewaternj.gov](mailto:pdesarno@bridgewaternj.gov)) with a copy to the Land Use Administrator ([nprobst@bridgewaternj.gov](mailto:nprobst@bridgewaternj.gov))