

MEETING DATE _____

SD# _____

BRIDGEWATER TOWNSHIP
PLANNING DEPARTMENT
(908) 725-6300 ext. 5530
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) with a copy to the Land Use Administrator (nprobst@bridgewaternj.gov)