

BURLINGTON COUNTY PLANNING BOARD
SKETCH SUBDIVISION (PLAT) APPLICATION

One hard copy of this application is to be forwarded, along with one (1) electronic copy (PDF) of the subdivision plat and other pertinent information as noted in the County Preliminary Subdivision Checklist; and a check to cover the application fee.

Mailing address, Burlington County Planning Board, P.O. Box 6000, Mount Holly, NJ 08060.

Hand deliver/FEDEX/UPS: 1900 Briggs Road, Mt. Laurel, NJ. 08054

Phone #856-642-3800.

1. Applicant's Name _____
Street & No. _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail Address _____

2. Name of Present Owner _____
Street & No. _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail Address _____

3. Name of Person Preparing Plat _____
Street & No. _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail Address _____

4. Name of Contact Person _____
Street & No. _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail Address _____

5. Name of Attorney _____
Street & No. _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-Mail Address _____

6. Subdivision Name (if any) _____

7. Location of Subdivision: Municipality _____ Street or Road _____
County Route # _____ Tax Map Sheet _____ Tax Map Block _____ Tax Map Lot _____

8. Number of Proposed Lots (including remainder) _____

9. Area of Entire Tract _____ Area Being Conveyed by Present Owner _____

10. Present Use _____ Present Zoning District _____

11. Proposed Use:
a. Single Family _____ # of units b. Townhouses _____ # of units
c. Condominiums _____ # of units d. Apartments _____ # of units
e. Other Residential _____ type and number
f. Commercial _____ # of lots _____ building square feet
g. Industrial _____ # of lots _____ building square feet
h. Other Construction (explain) _____

12. Proposed Use of Retained Property _____

13. Application fee is \$200.00 for a Sketch Subdivision (Plat) Application. Only a check or money order is acceptable and should be made payable to the Burlington County Treasurer. **No cash will be accepted.**

SIGNATURE OF APPLICANT/AGENT _____ DATE _____

PRINT APPLICANT/AGENT'S NAME _____