

City of Corbin City

316 Route 50 Corbin City, NJ 08270
(609) 628-2673 Fax: (609) 628-3017
corbincity@gmail.com

Application for: **Informal meeting/Review** **\$200.00 Escrow fee - No city application fee**

1. Applicants Name _____
Address _____
Phone _____ Cell _____

2. Is applicant a Corporation _____ Partnership _____ or Individual _____
❖ If applicant is a corporation or partnership, set forth the names and addresses of all stockholders or partners having a 10% interest or more. _____

3. Owner's Name _____
Address _____
Phone _____ Cell _____

4. Attorney's Name _____
Address _____
Phone _____

5. Location of Property:
Street address _____

❖ Tax Map Block: _____ Lot/Lots: _____ Zone: _____
❖ Total Tract Area: _____
❖ Proposed number of lots _____ Zone: _____ Number of Dwelling Units _____

6. List any zoning variances. If none, state none. If any are required attach hereto as a separate rider the factual basis and legal theory for the relief sought. _____

7. (a) Deed Restriction that exists. (if no restrictions, state NONE, if YES attach copy)

(b) Proposed Deed Restrictions

Office Use: Fees paid: \$ _____ Date paid: _____ Check: # _____ Cash: _____

Planning/Zoning meeting date: _____

City Clerk

