

FOR OFFICE USE ONLY:
Fees paid on:
Appl. Fee:
Other Fee:
Escrow:

**APPLICATION FOR
CONCEPT PLAN REVIEW**

**Planning Board
Borough of Rocky Hill
Somerset County, New Jersey**

FOR OFFICE USE ONLY:
Block:
Lot:
Application #
Applicant:
Received on:

To: The Planning Board of the Borough of Rocky Hill:

The undersigned applicant hereby requests an **informal review of a concept plan** for the following type of development:

Type of Application

- minor subdivision major subdivision conditional use
 minor site plan major site plan other_____

1. Applicant's Name: _____ Tel: _____ Fax: _____
2. Address: _____
3. Present Owner: _____ Address: _____
4. Correspondence to be sent to: _____
Address _____ Tel: _____ Fax: _____
5. Status of Applicant: Individual Partnership Corporation
6. Please provide the name, address and tel./fax numbers of other professionals (if any):
Attorney: _____
Engineer: _____
Architect: _____
Planner: _____
(Note: Borough correspondence will be sent to the Attorney)
7. Block _____ and Lot(s) _____ of property.
8. Address of property (if different from Applicant's address): _____
9. Zoning District(s) in which the property is located: _____
10. Size of property: _____ If a subdivision, how many lots are proposed? _____
Give the area of each lot _____
11. Describe the proposed use of the property or building(s) _____

Date _____

Signature of Applicant

Signature of Applicant