



TOWNSHIP OF HAMILTON

Division of Land Use

2090 Greenwood Avenue, PO Box 00150, Hamilton, NJ 08650

Telephone (609) 890-3680 Fax (609) 890-3548

Please provide required application fee/ escrow deposit, sign below under the agreement to pay for professional review and file with development application forms.

NOTE: PROVIDE ONLY ONE ORIGINAL COPY.

APPLICANT:

APPLICANT NAME: _____

LOCATION: _____

MAP: _____ **BLOCK:** _____ **LOT:** _____

NOTE: Please pay application fee and escrow deposit by separate checks in order to ensure completeness.

FEE CALCULATION:

| <u>TYPE OF APPLICATION</u> | <u>SQ. FOOTAGE/#LOTS</u> | <u>APPL. FEE</u> | <u>ESROW DEPOSIT</u> |
|----------------------------|--------------------------|------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

APPLICATION FEE: \$ _____

INITIAL ESCROW DEPOSIT: \$ _____ (All deposits subject to interest will receive statements from Township Financial Institution)

AGREEMENT TO PAY FOR PROFESSIONAL REVIEWS

Corporate/Federal Tax I.D. # _____

Individual/Social Security # _____

Applicant Address _____

Applicant agrees to pay for all professional review costs incurred by Hamilton Township during the review and approval process through the signature of approved plans for the above referenced application pursuant to section 160-253 of the Land Development Code.

Signature

Print Name