

**PLANNING BOARD INFORMAL HEARING APPLICATION
TOWNSHIP OF WALL
2700 Allaire Road
Wall, NJ 07719**

Applicant's Name: _____

Address: _____ Zip Code: _____

Phone#: _____; Email: _____

Attorney for Applicant (if any): _____

Address: _____ Zip Code: _____

Phone#: _____; Email: _____

Applicant is property (check one): Owner Contract Purchaser

Property Address: _____

Block: _____, Lot: _____, Existing Property Use: _____

Proposed Use and/or Construction:

Submit five (5) application and plan copies

Email a pdf electronic copy to rlang@townshipofwall.com

Fee \$250 minor subdivision, \$500 all others to Township of Wall

Provide FID# or Soc. Sec.# on separate documentation.

Planning Board Informals are on the first Monday of every month in Conference Room B.

Applicant Signature: _____ Date: _____

Hearing Date and Time (office use only):

