

REVIEW CHECKLIST
(COMPLIANCE)

Application # _____

Lot(s) _____ Block(s) _____

Project Name: _____

Approved Granted: _____
(preliminary site plan, etc.)

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's Fax Number: _____

Applicant's Attorney: _____

Attorney Phone and Fax Number: _____

Applicant's Engineer: _____

Engineer Phone and Fax Number: _____

Distribution	Approved	Not Approved	Reason for Denial/Conditions
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Township Clerk

Township Engineer

Township CFO

Township Attorney

Please review your specific area and initial and date your approval or rejection and state your reasons for rejection. Then return to the Administrative Officer for forwarding to next reviewer.