

**CONSTRUCTION OFFICIAL FORM
HANDICAPP ACCESSIBILITY COMPLIANCE**

TO BE COMPLETED AND SUBMITTED TO THE PLANNING AND ZONING BOARD OFFICE AT THE TIME OF FILING FOR ALL **SITE PLAN APPLICATIONS**

TO THE WINSLOW TOWNSHIP CONSTRUCTION OFFICIAL;

I/We, _____ have submitted the attached plans to the Planning and Zoning Board Office of the Township of Winslow for approvals for Applicant _____
Project Name _____
Block _____ Lot _____
Date of plans submitted _____

Attached is one (1) proposed Site Plan. Please review the Site Plan for **HANDINCAPP ACCESSIBILITY COMPLIANCE**.

Date Signature of Applicant

Mailing Address: _____

I, _____ of the Winslow Township Construction's Office, have reviewed the attached SITE PLAN for HANDICAPP ACCESSIBILITY COMPLIANCE.

Be advised that I have found that the site plan **DOES** comply _____
DOES NOT comply and the following change is needed _____

This information will be forwarded to the Planning and Zoning office.

Date Signature