

**Township of Winslow  
Planning & Zoning  
125 South Route 73  
Winslow Township, NJ 08037-9422  
Phone: (609)567-0700  
Fax: (609)561-8197**

**Informal Conceptual Review Request**

Application Filed: \_\_\_\_\_  
Fees Paid: \_\_\_\_\_  
Escrow Account: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

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**To the Applicant: required documents to be submitted with this form**

- Letter of intent for the project (brief description) (5 hard copies)
- Conceptual Plan or Drawing (5 hard copies, and PDF version)
- W9 Form for the Applicant
- Check in the amount of \$1000.00 per Winslow Code 40-44 (K)

Fill in all information:

APPLICANT \_\_\_\_\_  
Address \_\_\_\_\_  
Email address \_\_\_\_\_  
Phone # \_\_\_\_\_

If the applicant is a Corporation, please provide name, address and phone number of the attorney to represent the applicant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email address \_\_\_\_\_  
Phone #: \_\_\_\_\_

**ENGINEERS INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address \_\_\_\_\_

Phone #: \_\_\_\_\_

Property Information: complete sections fully

Street Address: \_\_\_\_\_

Block/Lot: \_\_\_\_\_

Current Zoning (if known): \_\_\_\_\_

**SUBMISSION REQUIREMENTS & FEES**

Attached hereto and made a part of this application, I have submitted the appropriate documents along with the appropriate fees as described herein.

**AUTHORIZATION AND VERIFICATION**

\_\_\_\_\_  
Signature of Applicant(s), Owners

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant / Owners

\_\_\_\_\_  
Signature of Applicant(s), Owners

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant / Owners

**For questions, please reach out to Christy Clauss, Planning Board Secretary at [cclauss@winslowtownship.com](mailto:cclauss@winslowtownship.com) or 609-567-0700 ext. 8006.**