



TOWNSHIP OF WALL

DEPARTMENT OF LAND USE

GATEWAY INFORMAL MEETING REQUEST

Applicant's Name: _____

Applicant's Address: _____

Telephone Number(s): _____ Applicant's Email: _____

Attorney Phone Number(s): _____

Daytime Phone Number: _____

Applicant is **Owner** or **Contract Purchaser** of property (circle one).
Please provide copy of signed contract if contract purchaser.

Property Address: _____

Block: _____ Lot: _____ Zone: _____

Existing Use of Property: _____

Proposed Use of Property: _____

North American Industry Classification Code (NAICS) (Proposed Uses):
(Commercial Applications Only)

Descriptive Explanation of Proposal:

Six (6) copies of application & plans. This may include but not limited to: surveys, site layouts, elevations or any other relevant information that will assist the Board in understanding the scope of the project. **PLANS MUST BE FOLDED.**

Application & Plans must be emailed in pdf format to eward@townshipofwall.com prior to a meeting being scheduled.

Applicant's Signature: _____ Date: _____

Office Use Only:

Hearing Date: _____

Time: _____