



MONTCLAIR
PUBLIC WORKS ENGINEERING DIVISION
PLAN CHECK SUBMITTAL FORM

DATE:	PLANNING CASE NO.:
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ADDRESS / LOCATION:

PROJECT DESCRIPTION:

OWNER / DEVELOPER:

ADDRESS:

PHONE:	FAX:
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EMAIL ADDRESS:

ENGINEER / ARCHITECT:

ADDRESS:

PHONE:	FAX:
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EMAIL ADDRESS:

SUBMISSION CHECKLIST

TWO COPIES OF PLANS FOR FIRST SUBMITTAL
 CASE NUMBER FROM PLANNING DIVISION
 WQMP APPROVAL LETTER – **MUST BE ATTACHED FOR GRADING SUBMITTAL**

CALCULATED FEES

<input type="checkbox"/> LOT LINE ADJUSTMENT: \$1,250 <input type="checkbox"/> PARCEL MERGER \$1,600	ACCT. NO. <u>001-300-0000-3573</u>
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DEPOSIT: \$	RECEIPT NO.: OFFICE USE ONLY	DATE:
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<input type="checkbox"/> PLAN CHECK <input type="radio"/> ROUGH <input type="radio"/> PRECISE	# OF PAGES: _____ # OF COPIES: _____	ACCT. NO. <u>001-300-0000-3573</u>
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DEPOSIT: \$	RECEIPT NO.: OFFICE USE ONLY	DATE:
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