

**STAFFORD TOWNSHIP
COMMUNITY DEVELOPMENT DEPARTMENT
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PINELANDS APPLICATION # _____
(For Office Use Only)

TO BE COMPLETED BY APPLICANT:

BLOCK _____ LOT _____

ADDRESS _____

PROPOSED USE _____

OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

OWNER'S TELEPHONE # _____

PROJECT IS SERVICED BY:

____ PUBLIC SEWER ____ SEPTIC ____ PUBLIC WATER ____ ON-SITE WELL

____ PROTOTYPE ____ NON-PROTOTYPE

TO BE COMPLETED BY PINELANDS COMMISSION STAFF:

____ NO ISSUE

____ ISSUE

REVIEWED BY _____

DATE _____