

State of New Jersey

COAH-RESIDENTIAL DEVELOPMENT FEE CERTIFICATION

\*REVISED\*

**Section A. (To be completed by Developer/Owner/Agent):**

Developer/Owner/Agent \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ Property Location \_\_\_\_\_  
Plan Number \_\_\_\_\_ Final Approval Date \_\_\_\_\_  
Initial COAH Property Description \_\_\_\_\_  
New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Rehab \_\_\_\_\_ Condo \_\_\_\_\_ Rental \_\_\_\_\_  
Est. construction cost \_\_\_\_\_ Building contract attached (Y/N) \_\_\_\_\_

**A1 COAH % applied** \_\_\_\_\_

**Section B (to be completed by the Assessor)**

B1 INITIAL Estimated Assessment \_\_\_\_\_  
B2 FINAL Estimated Assessment \_\_\_\_\_  
B3 CURRENT Ratio \_\_\_\_\_  
B4 FINAL Equalized Improvement Value \_\_\_\_\_  
Tax Assessor \_\_\_\_\_ Date \_\_\_\_\_

**Section C (to be completed by Building Department)**

C1 FINAL EQUALIZED Improvement Value (B4 above) \_\_\_\_\_  
C2 FINAL COAH % applied (A1 above) \_\_\_\_\_  
C3 REVISED COAH FEE \_\_\_\_\_  
C4 INITIAL COAH FEE PAID \_\_\_\_\_  
C5 FINAL COAH Payment Amount \_\_\_\_\_

Rec'vd by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Changes/Updates to Original Plans? Yes \_\_\_\_\_ No \_\_\_\_\_