

\* Waiver requested from providing this form until the Minor Subdivision Plan has been approved. Necessary information to complete the form is not known at this time.

## Form o8/Final Approval of Minor/Major Subdivision Application

TOWNSHIP OF CRANFORD - ZONING DEPARTMENT  
8 Springfield Avenue - Cranford, NJ 07016  
Phone: (908) 709-7216 • Fax: (908) 276-7664



Form Updated 8-12

### To be completed by Township Staff Only

Application No.: \_\_\_\_\_ Date received: \_\_\_\_\_

Application is hereby made for approval of the proposed subdivision as shown and described on the accompanying maps and documents.

1. **DATE OF PRELIMINARY APPROVAL:** \_\_\_\_\_

**DATE OF ANY EXTENSIONS GRANTED** (attach documentation): \_\_\_\_\_

Pursuant to N.J.S.A. 40:55D-49, preliminary approvals of major subdivisions expire three (3) years from the date of preliminary approval. The applicant may apply to the reviewing Board for extensions for additional periods of at least one (1) year but not to exceed a total extension of two (2) years.

2. **FINAL PLAT:** Does the Final Plat follow exactly the plat granted preliminary approval in regards to development plans, area covered, and other details? (Circle response)  
**YES NO** If not, indicate any changes (attach copy if necessary).

3. **NUMBER OF LOTS PROPOSED FOR FINAL APPROVAL:** \_\_\_\_\_

4. **HAVE ALL CONDITIONS BEEN MET? YES NO**

Attach evidence of compliance, if not included in plat. If conditions have not been met, specify reasons.

5. **ARE THERE ANY DEED RESTRICTIONS THAT APPLY OR ARE CONTEMPLATED? YES NO** If yes, attach copy.

6. **PERSON TO WHOM SIGNED DOCUMENT IS TO BE ISSUED:**

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

7. **DOCUMENT IS TO BE:** (Check one) \_\_\_\_\_ Mailed \_\_\_\_\_ Picked up by Applicant