

GENERAL PAGE I

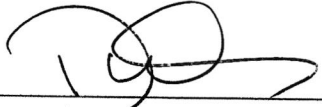
Monroe Township Planning Board/Board of Adjustment
125 Virginia Avenue
Williamstown, NJ 08094
(856) 728-9800 Ext. 271 or 279

ALL INFORMATION MUST BE COMPLETED BEFORE ACCEPTANCE BY EITHER BOARD. PLEASE USE THE ATTACHED CHECK LIST. FAILURE TO DO SO WILL CAUSE YOUR APPLICATION TO BE DELAYED.

I. GENERAL INFORMATION:

- A. Applicant's Name First Call PPE LLC dba TestHere.com
 Address 68 First Avenue, Suite C City Atl. Highlands
 State NJ Zip Code 07716 Phone 908-309-5992 Email dlw@firstcallppe.com
- B. Owner's Name DLG Investments LLC
 Address 820 Rose Tree Dr. City Williamstown
 State NJ Zip Code 08094 Phone _____ Fax _____
- C. Attorney _____
 Address _____ City _____
 State _____ Zip Code _____ Phone _____ Fax _____
- D. Is Applicant a Partnership or Corporation _____ Yes No
- E. If Applicant is a Partnership or Corporation, provide Partnership or Corporate Disclosure Statement.
- F. If Applicant is other than Owner, attach a copy of the Agreement of Sale or document conferring a legal or equitable interest upon the Applicant.
- G. The Applicant, as a condition of submission, agrees to pay, in escrow, all reasonable and necessary costs for professional review of the application and plans for inspection of required improvements and for other professional services required by this application.

Signatures:

Applicant  Date 02-03-2021

Owner  Date 2-5-2021

Date received by the Board _____

DEVELOPMENT INFORMATION PAGE II

SITE PLAN WAIVER

II. DEVELOPMENT INFORMATION:

- A. Location: (1) Street W ~~S~~ Black Horse Pike
(2) Plate _____ Block 1901 Lot(s) 1
- B. Zone C
- C. Is this property in a Pineland's area? _____ Yes No
- D. Does this property have water and sewer? _____ Private Public
- E. Please attach a letter addressed to the Board which includes the following:
1. Explain what type of business you will be operating – Describe the use
 2. The days of operation
 3. The hours of operation
 4. How many employees – Full-time and/or Part-time
 5. Parking information – Survey or drawing of parking spaces allowed for business
 6. Information on signage – Dimension of sign
 7. Add any other information that you feel will be helpful in the determination of obtaining a site plan waiver.

NOTE: PLEASE SEE ATTACHED CHECK LIST FOR SUBMISSION REQUIREMENTS