

**STATE OF NEW JERSEY
NON-RESIDENTIAL DEVELOPMENT FEE CERTIFICATION/EXEMPTION**

SECTION A (To be completed by developer):

Developer

Name of Developer:			
Address:			
Phone:	Fax:	E-mail:	

Property Location

County:	Municipality:	Block:	Lot:	Qual.:
Street Address:				
Construction Permit Application Number:				
Date on which Developer first sought construction or demolition permit (section 37 of c. P.L. 2008)				

Exemption Category [Section Citation of P.L. 2008 c.] Check one if appropriate

<input type="checkbox"/> Non-profit Educational Purposes [35b]	<input type="checkbox"/> Transit Hub [35b.(4)]
<input type="checkbox"/> House of Worship [35b]	<input type="checkbox"/> Transit Village [35b.(6)]
<input type="checkbox"/> Parking lots and structures [35b.(1)]	<input type="checkbox"/> Transit Hub-Light Rail [35b.(5)]
<input type="checkbox"/> Non-profit hospital relocation or improvement [35b.(3)]	<input type="checkbox"/> Public amenity (recreational, community, senior centers) [35b.(2)] (Attach Planning Board approval)

Non exempt status [Section citation] Check one if appropriate

<input type="checkbox"/> Prior payment or commitment for low and moderate income housing [37c]	Amount paid:	\$
<input type="checkbox"/> Non-residential planned development, subject to a development or redevelopment agreement entitled to a 1% fee [37a.(2)]		
<input type="checkbox"/> Full Fee Due (2.5%)		

I, the undersigned, understand that this declaration and its contents may be disclosed or provided to the State of New Jersey and that any false statement contained herein may be punished by fine, imprisonment, or both. I further declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete.

Signature of Developer:		
Name:		
Title:	Date:	

SECTION B (To be completed by assessor):

	Estimated			Final	
Assessed Value	\$	E1		\$	F1
Director's Ratio		% E2			% F2
Equalized Assessed Value	\$	E3		\$	F3
Existing Equalized Assessed Value	\$	E4		\$	F4
Amount on Which Fee is Calculated	\$	E5 (E3-E4)		\$	F5 (F4-F5)
Non-residential Development Fee	\$	E6 (E5 X 2.5%)		\$	F6 (F5 x 2.5%)

Signature of Assessor:		
Name:	Exempt:	<input type="checkbox"/>
Date:		

SECTION C (To be completed by municipality)

Payment Amount:	\$	Amount should equal E6 or F6
Payment received by (name):		
Signature:		
Name:		
Title:	Date:	