

CITY OF ASBURY PARK  
ONE MUNICIPAL PLAZA  
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100  
WWW.CITYOFASBURY PARK.COM



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### City of Asbury Park COAH Fee Application

Date \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Type of Property

- |   |  |
|---|--|
| <input type="checkbox"/> Residential New House (1.5%) | <input type="checkbox"/> Non Residential New Building (2.5%) |
| <input type="checkbox"/> Residential Addition (1.5%)  | <input type="checkbox"/> Non Residential Addition (2.5%)     |

#### Information

Estimated Cost of Construction \$ \_\_\_\_\_

Square Ft of Existing House/Building \_\_\_\_\_

Square Ft of Proposed Addition \_\_\_\_\_

Square Ft of New House/Building \_\_\_\_\_

**I understand the initial fee and 50% deposit are based on estimates only. I further understand that before issuance of a CO, a final assessed value will be placed upon the property, after an inspection of the property by the Assessor. I will owe the balance of the COAH fee prior to CO.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Below for Tax Assessor only

#### Tax Assessor Approval

Current Assessed Value \$ \_\_\_\_\_

Estimated Assessed Value \$ \_\_\_\_\_

Estimated Increase in Value \$ \_\_\_\_\_

Estimated COAH Fee \$ \_\_\_\_\_

50% COAH Deposit \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Paid \_\_\_\_\_

Final Assessed Value \$ \_\_\_\_\_

Final Increase in Value \$ \_\_\_\_\_

Final COAH Fee \$ \_\_\_\_\_

Final Contribution \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Paid \_\_\_\_\_

FINAL ASSESSED VALUE \$ _____
Tax Assessor Signature _____ Date _____