

**FORM NO. 3**

**TOWNSHIP OF \_\_\_\_\_  
CERTIFICATION OF COMPLETE APPLICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

TAKE NOTICE that on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, your application to the

☐ Planning Board

☐ Zoning Board of Adjustment

was reviewed in accordance with the rules of said Board and the applicable ordinances of the Township and it was thereupon determined that all check-list items are in order and said application is complete. The time within which said board must act on said application pursuant to N.J.S. 40:55D-1 et seq., has commenced to run from said date.

\_\_\_\_\_  
Secretary