



TOWNSHIP OF EAST BRUNSWICK

LETTER OF INTENT

DATE: _____

Please provide as much of the following information as you can in order for the Township to conduct a thorough review of your proposal:

Address of property: _____

Block: _____ **Lot:** _____ **Zone:** _____

Most recent use of property: _____

Name and type of business proposed: _____

Square footage of building to be used: _____

Proposed number of employees on maximum work shift: _____

Hours of operation: _____

Anticipated parking requirements: _____

Contact information:

Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

We will provide a written response including identification of necessary Township permits and approvals within ten (10) business days or less. Thank you for your interest in East Brunswick.

Phone: (732) 390-6870

Fax: (732) 390-6898

1 Jean Walling Civic Center, P.O. Box 1081, East Brunswick, NJ 08816-1081