

Contractor Environmental Review Completion Form

Agency Name ___NJ Department of Community Affairs (DCA)

CDBG-DR Program _Neighborhood and Community Revitalization Program

Application ID Number _ NCR40014_____

Applicant Name __City of Somers Point. (Business/Corporate Name)

Project Location __100 Higbee Avenue (Address)

_____ Somers Point (Municipality)_____Atlantic_____(County)

__1511_____(Block)_____1_____(Lot)

I certify that I have reviewed this Environmental Review Record for completeness and quality of forms and documentation.

Dewberry, Senior Planner_

_____Lawrence I. Smith_____

Title

Name

_12/9/14 _____



Date

Signature