

## Contractor Environmental Review Completion Form

Agency Name \_\_\_\_\_ DCA \_\_\_\_\_

CDBG-DR Program \_\_\_\_\_ RREM \_\_\_\_\_

Application ID Number \_\_\_\_\_ RRE0009118MF \_\_\_\_\_

Applicant Name \_\_\_\_\_ Soleded Oleas \_\_\_\_\_

Project Location \_\_\_\_\_ 5 Island View Way, Unit 11, Sea Bright, NJ 07760 \_\_\_\_\_ (Address)

\_\_\_\_\_ Sea Bright \_\_\_\_\_ (Municipality) \_\_\_\_\_ Monmouth \_\_\_\_\_ (County)

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

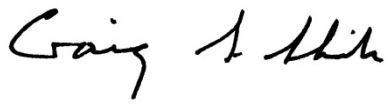
\_\_\_\_\_ Program Director \_\_\_\_\_

\_\_\_\_\_ Craig S. Shirk \_\_\_\_\_

Title

Name

\_\_\_\_\_ 01/09/2015 \_\_\_\_\_

  
\_\_\_\_\_

Date

Signature