**This General Application should be submitted with all other required forms.**

(Rev. 05/10/2016)

# New Jersey Department of Environmental Protection
# Water Quality Management Planning (WQMP)
# Amendment & Revision
# General Application
# Form A

**Type of WQMP Action (Select only one)**

- ☐ **Revision: correct or clarify an areawide WQM plan**
- ☐ **Revision: reflect a Highlands RMP map adjustment**
- ☐ **Revision: update Pineland WW service area map (Pinelands Commission only)**
- ☐ **Revision: transfer WMP responsibility (WMP agencies only)**
- ☐ **Revision: modify submission schedule of WMP (WMP agencies only)**

**----------**

- ☐ **Amendment: Site Specific < 100 acres <u>AND</u> <20,000 gpd**
- ☐ **Amendment: Site Specific > 100 acres <u>OR</u> >20,000 gpd**

**----------**

- ☐ **Amendment: Wastewater Management Plan Full or Component (WMP agencies only)**

A Pre-Application Meeting was

- ☐ held on _____or was
- ☐ Not Requested

**1. WATER QUALITY MANAGEMENT PLAN INFORMATION:**
A. AREAWIDE WQMP(S) TO BE AMENDED:_____

**B. NAME OF WASTEWATER MANAGEMENT PLAN(S) [WMP] TO BE AMENDED (IF NO** WMP EXISTS, WRITE NONE):_____

**2. NAME OF PROPOSAL:**_____

**3. LOCATION OF PROPOSAL**
STREET ADDRESS:_____
City:_____State:_____Zip:_____
MUNICIPALITY(IES):_____
COUNTY(IES):_____
BLOCK / LOT NUMBERS:_____
LEGISLATIVE DISTRICT:_____
CONGRESSIONAL DISTRICT:_____

**This General Application should be submitted with all other required forms.**

(Rev. 05/10/2016)

**4. APPLICANT REQUESTING AMENDMENT/REVISION**

COMPANY:_____

CONTACT PERSON_____

TITLE: _____

STREET ADDRESS:_____

City:_____State:_____Zip:_____

PHONE: ( ) _____

E-MAIL ADDRESS:_____

**5. PRIMARY CONTACT FOR THIS APPLICATION**

NAME:_____

TITLE:_____

COMPANY:_____

City:_____State:_____Zip:_____

PHONE: ( ) _____

E-MAIL ADDRESS:_____

**6. PROPERTY OWNER**

COMPANY:_____

CONTACT PERSON:_____

TITLE:_____

STREET ADDRESS:_____

City:_____State:_____Zip:_____

PHONE: ( ) _____

E-MAIL ADDRESS:_____

**7. REGIONAL PLANNING CONSIDERATIONS (Circle response)**

Copies of this application and its attachments should be sent to the corresponding regional planning entity if you answer "Yes" to any of the questions below.

A.ARE ANY PORTIONS OF THE PROPOSAL WITHIN THE HIGHLANDS AREA?

Yes No

IF YES, DID YOU SEND A COPY OF THIS APPLICATION TO THE HIGHLANDS COUNCIL?

Yes No

B. ARE ANY PORTIONS OF THE PROPOSAL WITHIN THE HIGHLANDS PRESERVATION AREA?

Yes No

IF YES, DID YOU SUBMIT A HIGHLANDS PRESERVATION AREA APPROVAL (HPAA)?

Yes No

C. ARE ANY PORTIONS OF THE PROPOSAL WITHIN A MUNICIPALITY FULLY CONFORMING TO THE HIGHLANDS REGIONAL MASTER PLAN (BOTH PLANNING AND PRESERVATION AREAS)?

Yes No

IF YES, DID YOU SEND A COPY OF THIS APPLICATION TO THE HIGHLANDS COUNCIL?

Yes No

D. ARE ANY PORTIONS OF THE PROPOSAL WITHIN THE (NJ REGULATED) PINELANDS AREA OR PINELANDS NATIONAL RESERVE AREA?

Yes No

IF PROJECT IS LOCATED IN THE NJ REGULATED PINELANDS AREA, DID YOU SEND A COPY OF THIS APPLICATION TO THE PINELANDS COMMISSION?

Yes No

E. ARE ANY PORTIONS OF PROPOSAL LOCATED WITHIN THE HACKENSACK MEADOWLANDS DISTRICT?

Yes No

IF YES, DID YOU SEND A COPY OF THIS APPLICATION TO THE NJ SPORTS AND EXPOSITION AUTHORITY?

Yes No

F. ARE ANY PORTIONS OF THE PROPOSAL WITHIN AN ENDORSED PLAN APPROVED BY THE STATE PLANNING COMMISSION?

Yes No

IF YES, WHICH ENDORSED PLAN:_____

G. IS THE PROPOSAL CONSIDERED INFILL DEVELOPMENT AS DEFINED IN N.J.A.C 7:15-1.5?

Yes No

IF YES, PROVIDE JUSTIFICATION:_____
_____
_____

H. IS THE PROPOSAL IN CONFORMANCE WITH THE MUNICIPAL ZONING?

Yes No

IF NO, EXPLAIN ANY INCONSISTENCY:_____
_____
_____
_____

I. IS THE PROPOSAL IN CONFORMANCE WITH THE MASTER PLAN(s)?

Yes No

IF NO, EXPLAIN:_____
_____
_____

**This General Application should be submitted with all other required forms.**

(Rev. 05/10/2016)

**8. CERTIFICATION:**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS ACCURATE AND THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION TO AMEND THE WATER QUALITY MANAGEMENT PLAN.

NAME (PLEASE PRINT):_____

SIGNATURE: _____ DATE: _____

TITLE: _____

**SEND TWO COPIES COMPLETED APPLICATION WITH REQUIRED ATTACHMENTS TO:**

**NJDEP-WATER RESOURCE MANAGEMENT**
**OFFICE WRM COORDINATION**
**401 E. STATE ST., PO BOX 420**
**MAIL CODE-401-02A**
**TRENTON, NJ 08625-0420**