

**Division of Land Resource Protection
Emergency Authorization File # Request Form**

Select Type(s)

	CAFRA IP		Flood Hazard IP/GP		Freshwater TAW
	Coastal GP		Freshwater IP		Highlands
	Coastal Wetlands		Freshwater GP		Waterfront IP

Assigned To:

Date Received:

1. Site Info:

Site Address:		City:	State:	Zip:
Site County:		Municipality(ies):		
Site Block:		Lot:		
Site NJ State Plane Coordinates	X:		Y:	
Project Description:				

2. Applicant Info:

Applicant Name:		
Applicant Address:		
Applicant: City:	State:	Zip:

3. Property Owner Info:

Applicant Name:		
Applicant Address:		
Applicant: City:	State:	Zip:

4. Agent Info (if applicable):

Contact Name:		
Agent Address:		
Agent City:	State:	Zip

NJEMS # _____