Town of Phillipsburg

Office of Planning & Zoning
675 Corliss Avenue, Phillipsburg NJ 08865

Phone 908-454-5500 Ext. 341
Fax 908-213-9214

_____
DATE

APPLICATION FOR RELEASING ESCROWS AND/OR BONDS

PROJECT _____ **FILE/CASE #** _____

BLOCK _____ **LOT (S)** _____

STREET ADDRESS _____

PROJECT OWNER/APPLICANT _____

ADDRESS _____

This form certifies that the applicant has complied with all provisions set forth by the Town of Phillipsburg Planning Board and/or Zoning Board of Adjustment.

Applicant Signature Required _____

BY SIGNING THIS DOCUMENT YOU ARE HEREBY REQUESTING THE RELEASE OF:
(Please check below one or all that may apply)

☐ **ESCROW ACCOUNT**

☐ **MAINTENANCE BOND**

☐ **PERFORMANCE BOND**

APPROVED BY:
(Signatures are required by both for all Planning Board files.)

_____ _____
Planning/Zoning Board Attorney **Board Engineer**