

City of Cape May – COAH Residential Development Fee Certification

**Section A (to be completed by Applicant)**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section B (Owner Information)**

Name of Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Section C (Payment Responsibility Information)**

Responsible for Payment  Owner  Applicant

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D: Property Location (to be completed by Construction Office)**

County: CAPE MAY Municipality: CAPE MAY Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Construction Control Number: \_\_\_\_\_ Construction Permit Number: \_\_\_\_\_  
Construction Office COAH Origination Date: \_\_\_\_\_ Contractor's Email: \_\_\_\_\_

**Section E (to be completed by Assessor)**

	Estimated		Final
Assessed Value	\$ _____	E1	\$ _____ F1
Director's Ratio	_____ %	E2	_____ F2
Equalized Assessed Value	\$ _____	E3	_____ F3
Existing Equalized Assessed Value	\$ _____	E4	_____ F4
Amount on Which Fee is Calculated	\$ _____	E5 (E3-E4)	_____ F5 (E3-E4)
Residential Development Fee	\$ _____	E6 (E5X1.5%)	\$ _____ F6 (E5X1.5%)

Signature of Assessor: \_\_\_\_\_  
Name: Marissa McCorkel, CTA  
Exempt YES \_\_\_ NO \_\_\_

Signature of Assessor: \_\_\_\_\_  
Name: Marissa McCorkel, CTA

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Section F (to be completed by Municipal Housing Liaison)**

Estimated Payment Amount: \$ \_\_\_\_\_ (50% E6)  
Payment Received by (name) \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Cash: \_\_\_\_\_ Check # \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

Final Payment Amount: \$ \_\_\_\_\_ (F6)  
Payment Received by (name) \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Cash: \_\_\_\_\_ Check # \_\_\_\_\_  
Receipt Number: \_\_\_\_\_