

# Municipal Partner Survey on Plan Endorsement Status

Supporting Document D

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

If we have questions, with whom do we follow up?:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

1. Our records indicate that you are pursuing Plan Endorsement (any version: Initial, Advanced, New)

Is this correct?:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

2. Which stages of Plan Endorsement have you completed?: (Choose all that apply)

\_\_\_\_\_ 1 Pre-Petition

\_\_\_\_\_ 2 Plan Endorsement Citizens' Advisory Committee

\_\_\_\_\_ 3 Municipal Self Assessment

\_\_\_\_\_ 4 State Opportunities & Constraints Assessment

\_\_\_\_\_ 5 Community Visioning & Vision Plan

\_\_\_\_\_ 6 Consistency Review

\_\_\_\_\_ 7 Action Plan, Creation, Adoption w/ MOU, Implementation

\_\_\_\_\_ 8 State Recommendation Report and

Drafting of Planning & Implementation Agreement (PIA)

Comments

3. Have you or will you be requesting waivers for Plan Endorsement activities? (Choose one)

(waivers may or may not be grantable based on N.J.A.C. 5:85-7.6)

\_\_\_\_\_ Partial or Full Visioning Waiver (specify partial or full, and for which steps below)

\_\_\_\_\_ No

Comments

4. Are you interesting in continuing Plan Endorsement? (Choose one)

\_\_\_\_\_ Yes, and will continue

\_\_\_\_\_ Yes, but unable due to lack of funding

\_\_\_\_\_ Yes, but... (specify below)

\_\_\_\_\_ No, because... (specify below)

Comments

5. Which Plan Endorsement activities will you be completing in the coming months? (Choose all that apply)

- |                          |                                  |                         |        |
|--------------------------|----------------------------------|-------------------------|--------|
| <input type="checkbox"/> | Municipal Self Assessment        | in <input type="text"/> | Months |
| <input type="checkbox"/> | Visioning                        | in <input type="text"/> | Months |
| <input type="checkbox"/> | Action Plan Items*               | in <input type="text"/> | Months |
| <input type="checkbox"/> | Other 1 (please specify below)   | in <input type="text"/> | Months |
| <input type="checkbox"/> | Other 2 (please specify below)   | in <input type="text"/> | Months |
| <input type="checkbox"/> | Other 3 (please specify below)   | in <input type="text"/> | Months |
| <input type="checkbox"/> | No PE Activities to be completed |                         |        |

Comments (\*Indicate which Action Plan items have been completed to date e.g. A1, F5)

6. Why did you originally seek Plan Endorsement? (Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Amending/extending sewer service mapping | <input type="checkbox"/> Court order                                      |
| <input type="checkbox"/> BPU Main Extension Rule                  | <input type="checkbox"/> Grants/State program prioritization              |
| <input type="checkbox"/> CAFRA                                    | <input type="checkbox"/> Implement Transfer of Development Rights program |
| <input type="checkbox"/> Center creation                          | <input type="checkbox"/> Streamlined state agency process/cooperation     |
| <input type="checkbox"/> Center expansion or reduction            | <input type="checkbox"/> Voluntary/Future Planning                        |
| <input type="checkbox"/> Center renewal                           | <input type="checkbox"/> Other (please specify below)                     |
| <input type="checkbox"/> COAH                                     |   |

Comments

7. Are the reason(s) you approached us for Plan Endorsement still valid? (Choose one)

- Yes  
 No

Comments

Notes:

If you have an Action Plan, indicate which items have been completed in the comment box for question 5. Please feel free to supplement your comments in a separate document to [osg@mail@dca.state.nj.us](mailto:osg@mail@dca.state.nj.us)