
PLAN REVIEW APPLICATION

Please make check payable to: Borough of New Providence
Fee: \$182.00

Please print clearly and complete in its entirety.

Name of Establishment:

Address:

Phone: _____ Fax: _____

Email:

Type of Business /
Items to be Sold:

Business Owner:

Home Address:

City / State / Zip:

Phone: _____ Fax: _____

Email:

Contact Person:

Title / Position:

Phone: _____ Fax:

Email:

Applicant's Signature

Date

2026