

Township of Sparta

Assessor's Office



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200 FOOT CERTIFIED LIST REQUEST

DATE: _____

BLOCK: _____ **LOT:** _____ **QUAL:** _____

OWNERSHIP: _____

PROPERTY LOCATION: _____

APPLICANT/AGENT: _____

I HEREBY REQUEST A CERTIFIED LIST OF PROPERTY OWNERS WHOSE PROPERTY IS WITHIN 200' (TWO HUNDRED FEET) OF THE ABOVE LISTED PROPERTY(IES). THE PURPOSE OF THIS IS FOR ACTION BEFORE THE :

PLANNING BOARD: ☐

ZONING BOARD: ☐

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE#: _____ **FAX #:** _____

EMAIL: _____

PRINT NAME: _____

SIGNATURE: _____

OFFICE USE ONLY

MAP PAGE: _____

ADD'L LOTS: _____

PREV. REQ: _____

RECEIPT: _____