

**For Developers:**

Developer completes **Section A** (all **YELLOW** boxes) and submits with a copy of receipt or certificate of payment.

Pursuant to Section 39 d of the New Jersey Economic Stimulus Act of 2009 a claim for the return of a non-residential development fee paid in accordance with the Non-Residential Development Fee Act of 2008 "shall be submitted, in writing, to the same entity to which the moneys were paid, within 120 days of the effective date of" the New Jersey Economic Stimulus Act. The New Jersey Economic stimulus Act was signed into law on July 27, 2009, therefore the deadline to submit a claim is November 30, 2009. *NO CLAIMS RECEIVED AFTER NOVEMBER 30, 2009 WILL BE ACCEPTED.*

Claims for refunds of development fees that were paid directly to the State of NJ must be submitted to:

*If using the United States Postal Service:*

Department of Community Affairs  
Division Of Codes and Standards  
PO BOX 802  
Trenton NJ 08625-0802  
Attn: Megan Sullivan

*If hand delivering or using an over night delivery service:*

Department of Community Affairs  
Division Of Codes and Standards  
101 South Broad Street  
6th Floor  
Trenton NJ 08608  
Attn: Megan Sullivan

All claims must be supported by a copy of the Receipt (Form NRDF with Section C completed and signed) or a valid Certificate of Payment. No claim will be accepted unless supported by a Receipt or Certificate of Payment. Payment will be remitted to the name on the Certificate of Payment or Receipt.

The claimant shall list on lines A3 through A6 the amount(s) paid by the claimant as listed on the Receipt or Certificate of Payment provided with the claim form. The claimant shall list on lines A2 and A7 that value of the development fee that the claimant committed to pay prior to July 17, 2008.

**For Municipal Officials:**

Municipal Official verifies that Section A is fully completed and a copy of receipt or certificate of payment is attached. Municipal Official also verifies that developer name and property location are the same as those on the certificate of payment, and fills in **Section B** (all **ORANGE** boxes). If not accurate and complete, Municipal Official shall refuse to accept it and return it to the applicant.

If accurate and complete, Municipal Official shall issue a refund to the developer within 30 days of receipt of the claim.

Municipal Official may also seek reimbursement from the State for refunds issued to developers. To be eligible for reimbursement, the Municipal Official must submit the following to COAH **no later than March 30, 2010**:

1. A copy of the completed form **NRDF Form** for the development.
2. A copy of the completed **NRDF Claim Form** for the development.
3. A copy of the check or purchase order issuing the refund to the developer.

Alternatively, once all requests for refunds from developers have been received (by November 30, 2009), the municipality may submit one request for reimbursement of ALL refunded development fees. If the municipality selects this option, it must submit the **Municipal Claim Form for Reimbursement from the State of NJ** (available on COAH's website at [www.nj.gov/dca/affiliates/coah/regulations/nrdf.html](http://www.nj.gov/dca/affiliates/coah/regulations/nrdf.html)), listing all refunded developers, along with 1, 2 and 3 above for each development.

The above information may be submitted to COAH electronically via [COAHmail@dca.state.nj.us](mailto:COAHmail@dca.state.nj.us) OR by mail with signatures. If emailed, the **NRDF Forms**, **NRDF Claim Forms**, and checks/POs shall be submitted in PDF format, and the optional **Municipal Claim Form for Reimbursement from the State of NJ** in Excel format. Submissions via regular mail must be received in COAH's offices by March 30, 2010.

**STATE OF NEW JERSEY  
NON-RESIDENTIAL DEVELOPMENT FEE CLAIM FORM**

**SECTION A (To be completed by developer):**

**Developer**

Name of Developer:			
Address:			
Phone:	Fax:	E-mail:	

**Property Location**

County:	Municipality:	Block:	Lot:	Qual.:
Street Address:				
Construction Permit Application Number:				

**Approval Dates**

Date on which developer received preliminary site plan approval (If applicable)	
Date on which developer received final site plan approval (If applicable)	
If approval was granted prior to July 17, 2008, development fee % required at approval	A1
If approval was granted prior to July 17, 2008, fee amount (E5 or F5 from Form NRDF x A1 above)	\$ A2
Date on which developer was referred to a planning board by the state, a governing body, or other public agency for review (If applicable)	
Date on which building permit was issued (If applicable)	
Date on which final Certificate of Occupancy was issued (If applicable) <b>Attach copy of final Certificate of Occupancy.</b>	

**Payment(s)**

	Amount	Date	Time of Payment (check one)		Method of Payment (check one)			
			Building Permit	CO	Cash	Check	Online	Money Order
A3	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Payments:	\$	A6 (A3+A4+A5)
Amount Committed Prior to July 17, 2008	\$	A7 (From A2)
<b>Amount of Claim</b>	\$	<b>A8 (A6 - A7)</b>

**Attach copy of Receipt or Certificate of Payment. No claim will be accepted without proof of payment attached.**

I, the undersigned, understand that this declaration and its contents may be disclosed or provided to the State of New Jersey and that any false statement contained herein may be punished by fine, imprisonment, or both. I further declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete.

Signature of Developer/Claimant:	
Name:	
Title:	Date:

**SECTION B**

Total Payments Received:	\$	B1
Amount Committed Prior to July 17, 2008	\$	B2
Amount of Claim	\$	B3 (B1 - B2)
Signature:		
Name:		
Title:	Date:	