

Contractor Environmental Review Completion Form

Agency Name _____ DCA _____

CDBG-DR Program _____ RREM _____

Application ID Number _____ RRE0016287MF _____

Applicant Name _____ Lisa Gencarelli _____

Project Location _____ 202 Franklin Avenue, Unit 4, Seaside Heights, NJ 08751 _____ (Address)

_____ Seaside Heights _____ (Municipality) _____ Ocean _____ (County)

I certify that I have reviewed this Environmental Review Record for completeness and quality of forms and documentation.

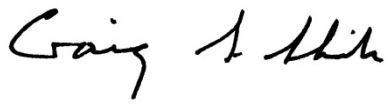
_____ Program Director _____

_____ Craig S. Shirk _____

Title

Name

_____ 01/12/2015 _____



Date

Signature