New Jersey Department of Environmental Protection
Contaminated Site Remediation & Redevelopment
Office of Brownfield & Community Revitalization

Brownfield Development Area (BDA) Application Form
Section IV – Steering Committee
Attachment D - Steering Committee List

Date Stamp
(For Department use only)

Project Name: _____

Applicant: _____

Steering Committee List

List the names of Steering Committee members, their affiliations, contact information, and the stakeholder sector that each Steering Committee member represents, **starting with the Steering Committee Chair**. Identify any Steering Committee member who owns or operates a property proposed for inclusion in the BDA in Section II.B as "Property Owner". **Include a separate letter of interest from each Steering Committee member.** Please include a copy of this table and the letters of interest as **Attachment D: Steering Committee List**.

Chair

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Co-Chair ☐ *(Check if applicable)*

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

For additional space click here to duplicate this page at the end of the form → **Duplicate Page**

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____

Name: _____

Affiliation(s): _____

Telephone Number: _____

Mailing Address: _____

Municipality: _____ State: _____ Zip Code: _____

Email Address: _____

Stakeholder Sector Represented: _____