

# PLAN DESIGNATION FORM

**Municipality:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Use this form to grant to the preparer of the municipal Housing Element and Fair Share Plan authorization to view and/or enter a municipal plan into the CTM System. Only one person may be authorized to enter a plan.**

**Use this form to grant to the Municipal or COAH Attorney “view only” authorization to access the municipal plan in the CTM System.**

Please submit the following information to: Terry Kizer

Local Planning Services  
PO Box 813  
Trenton, NJ 08625  
Fax: 609-633-6056  
E-mail: [COAHAdmin@dca.state.nj.us](mailto:COAHAdmin@dca.state.nj.us)

\* Name: \_\_\_\_\_

\* Title: \_\_\_\_\_

\* Municipality: \_\_\_\_\_

\* County: \_\_\_\_\_

\* Address: \_\_\_\_\_

Zip \_\_\_\_\_

\* Phone #: \_\_\_\_\_

\* FAX # \_\_\_\_\_

\* E-mail: \_\_\_\_\_

Cell # \_\_\_\_\_

\*required information

- Check here if this is a municipal employee
- Check here if this is the Plan Preparer who is authorized to enter the municipal plan
- Check here if this person is authorized to VIEW ONLY the municipal plan.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Mayor/Manager