PROJECT FACT SHEET INFORMATION

Please provide the following information for the project which will be published on the City’s Website.

1. Project address:

2. Estimated amount of total capital improvement:

3. Estimated month/year for Certificate of Occupancy:

4. Number of Units and Retail Spaces: Residential units:_____ Retail spaces:_____  

5. Breakdown of Unit Count. One Bedroom:_____ Two Bedrooms: _____ Three Bedrooms:_____

6. Total Square Footage of Project: Average per residential unit: ______ Average retail space:______

7. Parking: On Street:________ Off Street:______ PILOP (if applicable):_______

8. Designation: Redevelopment:______ Rehabilitation:______ (check if applicable). Date of Designation:____

9. Date of Site Plan Approval:________

10. Email rendering of project to adib@hackensack.org

This form must be submitted within 5 days of site plan approval.

Please send form and direct any questions to:

Albert H. Dib  
Director of Redevelopment  
adib@hackensack.org  
201-646-3908