

BOROUGH OF ROSELLE PARK ZONING PERMIT

Date Received
Control #

Date Issued
Permit #

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (_____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (_____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (_____) _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

D. TECHNICAL SITE DATA

| |
|---------------------|
| DESCRIPTION OF WORK |
|---------------------|

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

- No Plans Required _____
- All _____
- Footing _____
- Foundation _____
- Frame _____
- Other _____

Joint Plan Review Required:

- Elec. Plumb. Fire Elevator

SUBCODE APPROVAL

- CO CCO CA

Date: _____

Approved by: _____

TYPE OF WORK:

- Type of Work:
- Fence
 - Sign
 - Patio
 - Driveway
 - Sidewalk

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

TOTAL FEE \$ _____

Est. Cost of Bldg. Work:

- 1. New Bldg. \$ _____
- 2. Rehabilitation \$ _____
- 3. Total (1+2) \$ _____

1 White = Inspector Copy
3 Pink = Applicant Copy

2 Canary = Office Copy