



CONSTRUCTION PERMIT

BOROUGH OF GLEN ROCK, N.J.

Date Received: _____

Permit Number: _____

COMPLETE THE FOLLOWING:

A. IDENTIFICATION – APPLICANT: Complete all applicable information. Notify this office when changing contractors.

Block _____ Lot _____

Work Site Location _____

Owner Name _____ Address _____

Telephone (____) _____

Contractor Name _____ Address _____

Telephone (____) _____ Lic. Or Bldrs. Reg. No. _____

Federal Emp. Or SSN _____

B. SITE CHARACTERISTICS: [] Residential [] Commercial. Zone: _____

C. CERTIFICATION IN LIEU OF OATH

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

X _____
Signature

D. TECHNICAL SITE DATA
(Description of Work)

TYPE OF WORK:

- [] Construction New
- [] Replace existing:
 - * () Driveway (Public)
 - * () Driveway Apron
 - * () Curb
 - * () Sidewalk (Public)
 - () Sewer Connection
 - () Other _____

NOTE: * Requires form inspection by DPW

FOR OFFICE USE ONLY

JOB SUMMARY

Plan Review:	<u>Date</u>	<u>Initial</u>
[] No Plans Req.	_____	_____
[] Survey	_____	_____
[] Site Plan	_____	_____
[] Other	_____	_____

Estimated Cost of Work:

\$ _____

Fee Assessed:

\$ _____

Minimum Fee \$40.00
Insp. for reset of walk \$20.00

Paid [] Cash

[] Check No. _____

Revenue No. _____

Collected by: _____

PERMIT RELEASE:

FOR OFFICE USE ONLY

<u>INSPECTIONS</u>	<u>Dates (Month/Day)</u>		
Type:	Failure	Approval	Initial
Excavation	_____	_____	_____
Forms	_____	_____	_____
Gravel	_____	_____	_____
Pre-Pour	_____	_____	_____
Pre-Pave	_____	_____	_____
Connections	_____	_____	_____

FINAL APPROVAL:

DATE: _____ APPROVED BY: _____