330 Passaic Street
Passaic, NJ 07055
973-365-5632/973-365-5653
zoning@cityofpassaicnj.gov

PERMIT NUMBER

#_____

CITY OF PASSAIC ZONING PERMIT APPLICATION

Date: _____

Applicant's Name: _____

Address:_____Phone: (__)_____

City, State, Zip_____Email: _____

Owner' Name: _____

Address:_____Phone: (_____)_____

City, State, Zip_____Email: _____

Project Address: _____

Zone:_____Block:_____Lot(s): _____

Description of Project: _____

_____

Dimensions: _____

Will you be removing any trees on the property? YES_____ NO_____

Will you be **moving any** soil on the property? YES_____ NO_____

If yes, how much soil?_____cubic yards

Will you be adding or moving a fence? YES_____ NO_ _____

APPLICATION MUST BE ACCOMPANIED BY:
1) SITE PLANS OR PROPERTY SURVEY SHOWING PROJECT WITH ALL DIMENSIONS

By submitting this permit application, you authorize a representative of the City to enter the subject property as needed to evaluate the scope of the proposed project.

Signature of Applicant: _____

OFFICE USE ONLY

Permit: ISSUED_____ DENIED_____

Notes: _____

_____

Fee: $50 Check #_____Date:_____Zoning Official_____