

**BOROUGH OF CLIFFSIDE PARK**

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**ZONING PERMIT**

**IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1008.**

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. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if Applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

ZONE: \_\_\_\_\_

Est. Cost of Bldg. Work: \_\_\_\_\_

Approved BY \_\_\_\_\_ Date \_\_\_\_\_

Final Approval \_\_\_\_\_ Date \_\_\_\_\_

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

Sign here: \_\_\_\_\_

Print Name here: \_\_\_\_\_

**TECHNICAL SITE DATA**

DESCRIPTION OF WORK

**TYPE OF WORK:**

**Fee (Office Use Only)**

- Soil Movement \$ \_\_\_\_\_
- Paving \_\_\_\_\_
- Pavers \_\_\_\_\_
- Sidewalks & Curbs \_\_\_\_\_
- Patio \_\_\_\_\_
- Accessory Structures \_\_\_\_\_
- Fence \_\_\_\_\_ Height \_\_\_\_\_
- Retaining Wall \_\_\_\_\_ Sq.Ft. \_\_\_\_\_
- Other \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_