OFFICE OF CONSTRUCTION OFFICIAL
9001 WINCHESTER AVENUE
MARGATE CITY, N.J. 08402
(609) 822-1974

MUNICIPAL PERMIT APPLICATION

COST _____

PERMIT No. _____

WRITTEN ZONING APPROVAL IS REQUIRED *PRIOR* TO SUBMITTING THIS APPLICATION

BLOCK_____ LOT_____

WORK SITE LOCATION _____

_____

OWNER IN FEE _____

ADDRESS _____ TELE. _____

CONTRACTOR _____ TELE. _____

ADDRESS _____

LIC. No._____ E-MAIL_____

TYPE OF WORK:

☐ **FENCE** ☐ **CONCRETE** ☐ **DRIVEWAY** ☐ **PAVERS** ☐ **SHED** ☐ **BULKHEAD**

Height_____ Linear Feet_____ Linear Feet_____ Linear Feet_____

DESCRIPTION OF WORK _____

_____

DIG RELEASE NO._____

— FOR OFFICE USE ONLY —

APPROVED_____ DATE_____

COMMENTS_____

_____

ZONING APPROVAL DATE_____

DATE RECEIVED_____

DATE ISSUED _____

TOTAL FEE $_____ ☐ CHECK ☐ CASH ☐ CC RECEIPT #_____

COLLECTED BY_____

***NOTE:** **OWNER/CONTRACTOR TO VERIFY AND MEET ALL SETBACKS AND PROPERTY LINES.**

CERTIFICATION IN LIEU OF OATH:

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

_____ _____

OWNER/CONTRACTOR SIGNATURE DATE

WHITE – OFFICE YELLOW – APPLICANT COPY PINK – TAX ASSESSOR'S OFFICE