

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**

Signature of Applicant: _____

OFFICE USE ONLY
Permit: ISSUED _____ DENIED _____
Notes: _____
Fee: \$50 Check # _____ Date: _____ Zoning Official _____