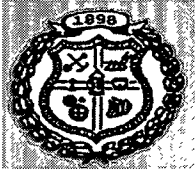


BOROUGH OF HAWTHORNE
BUILDING DEPARTMENT
445 LAFAYETTE AVE.
HAWTHORNE, NJ 07506
(973) 427-4889



DRIVEWAY PERMIT APPLICATION

Date Issued _____

Permit # _____

A. IDENTIFICATION- APPLICANT: Complete All Applicable Information

When changing contractors, Notify this office.

Call Utility Dig # 1-800-272-100

Block _____ Lot _____ Dig# _____

Work Site Location: _____

Property Owner: _____

Address: _____

Phone # _____

Contractor: _____

Address: _____

Phone # _____

Copy of NJ State Registration _____

B. Copy of property survey is **required before a driveway permit can be issued.**

C. Certification In Lieu Of Oath:

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

(Signature)

Cost of work \$ _____

Permit Fee \$ _____

Check [] # _____ Cash [] _____