

City of Summit
Department of Community Services - Division of Engineering
512 Springfield Ave., Summit, NJ 07901
Permit Application

Permit #	Control #	Check #
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Work Site Address: _____

Owner's Name: _____

Owner's Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

Contractor: _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Cell Phone Number: _____

Contractor Registration Number: _____

Agent**(if applicable): _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

**If someone other than owner or contractor is signing this application, then a letter from the property owner consenting to the above agent signing this form must be submitted.

Type of Work:				
<input type="checkbox"/> Curb	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Sanitary Sewer Capping	
<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Grading/Drainage	<input type="checkbox"/> Other

- Call 1-908-273-6404 at least 48 hours in advance to schedule inspections.
- Call 1-800-272-1000 for utility markouts before excavating.

I agree that all work will be performed in accordance with the Revised General Ordinances and with the Development Regulations Ordinance of the City of Summit, and the specifications contained therein.

Print Applicant's Name: _____

Signature of Applicant: _____ Date: _____

Approved by: _____ Date: _____

Fees:	Office Notes:
Total:	

Zoning Review Approved - _____
Date