BOROUGH OF ESSEX FELLS
P.O. BOX 38 ESSEX FELLS, NEW JERSEY 07021
(973) 226-3400 FAX (973) 228-4439

ENGINEERING DEPARTMENT

APPLICATION FOR LOT SURFACE DRAINAGE PERMIT

DATE_____ **PERMIT NO.**_____

Block:_____ **Lot:**_____ **Worksite Address:**_____

REQUIRED FOR SUBMISSION:
Items listed in Chapter 178 – Regulating Lot Surface Drainage
Ordinance 2019-1014

Owner in Fee:_____ Telephone:_____

Owner Address:_____ Email:_____

Contractor:_____ Telephone:_____

Contractor Address:_____ Email:_____

Architect/Engineer:_____ Telephone:_____

Architect/Engineer Address:_____ Email:_____

Project Description:_____

- ☐ The project is located on a single family lot.
- ☐ New Impervious Area (Square Feet)_____
- ☐ Area of Grading (Square Feet)_____
- ☐ Placement of Fill (Cubic Yards)_____
- ☐ Grading will be done within five (5) feet of a property line.

I, the undersigned, hereby acknowledge that I have read this permit application, and agree to perform all work in full compliance with the ordinances of the Borough of Essex Fells and the laws of the State of New Jersey in relation thereto.

OWNER/APPLICANT SIGNATURE:_____ **DATE:**_____

DATE ISSUED:_____ **APPROVAL, TOWNSHIP ENGINEER:**_____