Rochelle Park Building Department
151 West Passaic Street
Rochelle Park, NJ 07662

ZONING PERMIT

Date received:
Date issued:
Control #:
Permit #:

Block _____ Lot _____

Signature of Agent: _____

Work Site Location: _____

Description of Work:

Owner in fee: _____
Address: _____

Telephone #: _____

Contractor: _____

Estimated cost of work $___

Fence	( )	$ 50.00
Shed	( )	$ 50.00
Driveway	( )	
Sidewalk	( )	
Other	( )	

Telephone/Fax#: _____
Federal Employee #: _____
License/Builders reg #: _____