

BOROUGH OF HADDON HEIGHTS

Office of Planning and Construction

514 W. Atlantic Ave., Haddon Heights, NJ 08035

Phone: 856-546-2580 Fax 856-546-2584

MUNICIPAL PERMIT APPLICATION

Block: _____ Lot: _____ Property Location: _____

Owner: _____

Address: _____

_____ **Phone:** _____

Contractor: _____

Address: _____

_____ **Phone:** _____

Lic. or Bldr. Reg. #: _____ Fed. Emp. #: _____

Scaled Drawing or Survey w/ appropriate details Attached: _____

Description of Work: _____

Certificate in Lieu of Oath: I hereby certify that I am the (agent of) owner of record and I am authorized to make this application.

Signature of Applicant: _____ **Date:** _____

(Do not write below this line, Office use only)

Fee Due: \$50.00 _____ **Date Received:** _____ **Received by:** _____

Payment Type: CHECK# _____ MONEY ORDER _____ CASH _____

MCCO# _____ **Approved:** _____ **Denied:** _____

Zoning Application Received: _____ **Yes, No, NA** **Approved:** _____ **Denied:** _____

Construction Official: _____ **Date:** _____