

ENGINEERING PERMIT APPLICATION



Permit #: _____
Control #: _____

WORK SITE ADDRESS: _____ Summit, NJ 07901

WORK TYPE: *(check all that apply)*

<input type="checkbox"/> Curb	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Sanitary Sewer Cap
<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Grading/Drainage
<input type="checkbox"/> Road Opening	<input type="checkbox"/> Other:		

OWNER INFO: *(please write clearly and complete all fields)*

First & Last Name	Address
City	State, Zip Code
Phone	Email

CONTRACTOR INFO: *(please write clearly and complete all fields)*

Company Name	Contact First & Last Name
Address	City, State, Zip Code
Phone	Email
Cell	Contractor Registration #:

APPLICATION COMPLETENESS CHECKLIST:

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grading App - 5 copies of a grading plan | <input type="checkbox"/> Zoning Board Resolution of Approval <i>(if applicable)</i> |
| <input type="checkbox"/> All form fields are complete | <input type="checkbox"/> Check for appropriate amount payable to "City of Summit" |
| <input type="checkbox"/> All info provided is written clearly | <input type="checkbox"/> Application is signed |

STATEMENT OF UNDERSTANDING:

I understand / agree to:

- Schedule all inspections 48 hours in advance by calling the Engineering Division at (908) 273- 6404 during business hours
- **Upon completion of work, ensure all final inspections listed on the Engineering Approval Sheet are performed**
- Call (800) 272-1000 for utility mark outs **BEFORE** excavating
- Completed the Application Completeness Checklist above
- Perform work in accordance with the Revised General Ordinances and with the Development Regulations Ordinance of the City of Summit, and the specifications contained therein (failure to comply may result in a summons and/or fine)

Print Applicant's Name: _____ Applicant Signature: _____ Date: _____

For office use only:	
Located in CRBD/School Walking Route: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by: _____	Date: _____ Police approved by: _____ Date: _____
Comments: _____	
Fees:	Notes:
<input type="checkbox"/> \$30 application fee	
<input type="checkbox"/> \$75 inspection fee	
<input type="checkbox"/> Deposit \$ _____	Chk#: _____ Date: _____
<input type="checkbox"/> Other \$ _____	Chk#: _____ Date: _____
<input type="checkbox"/> Other \$ _____	Chk#: _____ Date: _____
<input type="checkbox"/> Other \$ _____	Chk#: _____ Date: _____
<input type="checkbox"/> Other \$ _____	Chk#: _____ Date: _____