



The Family Resort

Borough of Seaside Park

CODE ENFORCEMENT OFFICE

732-793-5100

313 SW Central Ave. • Seaside Park, New Jersey 08752

Fax 732-375-3058

DRIVEWAY/CURBING/SIDEWALK PERMIT

IT'S THE LAW BEFORE YOU DIG. NO PERMIT WILL BE ISSUED WITHOUT A MARK OUT CONFIRMATION NUMBER FOR UTILITY MARKOUTS CALL 1-800-272-1000.

MARKOUT CONFIRMATION NUMBER: _____

BLOCK _____ LOT _____ PERMIT NO. _____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE ADDRESS: _____

New Jersey State DOT & Ocean County require permits when any work is performed within the right of way. Permits from those agencies must be obtained and a copy of permit forwarded to the office before a local permit is issued.

DESCRIPTION OF WORK: Indicate approximate lengths in feet.

Work being performed is a: Replacement _____ New Installation _____

Driveway Apron: _____ Ln. Ft.

Curbing: _____ Ln. Ft.

Depressed Curbing: _____ Ln. Ft.

Sidewalk: _____ Ln. Ft.

Applicant is Property Owner _____ Applicant is Contractor _____

Applicant Signature: _____

Date Application Filed: _____ No Fee Required: _____

Driveway \$100.00

Curb \$100.00

Date _____ Check No. _____ Cash _____

**4000 PSI concrete - CURBING MUST BE POURED SEPERATELY FROM DRIVEWAY APRON.
No permit will be issued without mark-out confirmation number and copy of survey.**



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DRIVE WAY/CURBING/SIDEWALK

PERMIT NUMBER: _____

BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

FOR OFFICIAL USE ONLY

(ZONING OFFICER)

PERMIT ISSUED FOR:

REPLACEMENT _____ NEW INSTALLATION _____

CURBING _____ LN.FT., DRIVEWAY APRON _____ LN.FT., SIDEWALK _____

DEPRESSED CURBING _____ LN.FT., PARKING STRIP _____ LN. FT.,

(ZONING OFFICER)

ALL PRIOR APPROVALS FILED: YES _____ NO _____

ZONING APPROVALS GRANTED: YES _____ NO _____ PERMIT INSPECTION DATE: _____

INSPECTOR: _____

DATE PERMIT ISSUED: _____

ISSUED BY: _____ SIGNATURE: _____

PREPOURING INSPECTION INSPECTOR: _____

Pass: _____

Curbing ___ Date ___ Depressed curb ___ Date ___ Apron ___ Date ___ Sidewalk ___ Date ___

Fail: _____

Curbing ___ Date ___ Depressed curb ___ Date ___ Apron ___ Date ___ Sidewalk ___ Date ___

FINAL INSPECTION DATE: _____ INSPECTOR: _____

PASS: _____ FAIL: _____

4000psi

ADDITIONAL COMMENTS: _____