

LANDSCAPING PERMIT  
ORDINANCE: 985

**APPLICANT INFORMATION (Print Clearly)**

Business Name:  _____
Business Address:  _____
Business Phone:  _____ Fax: _____

License Plate No.	Vehicle (s) Manufacturer and Model

Name of LICENSED compost facility. This is the location where YOU will dispose of the debris

Use Additional sheets if necessary

Each vehicle operating within the Borough is required have a sticker prominently displayed on the driver side, side window. Please indicate the total number of stickers required. \_\_\_\_\_

**INSURANCE INFORMATION**

Company Name:	
Address:	
Phone No.:	
Fax No.:	
Agent Name:	
Policy No.:	

**PLEASE PROVIDE A CERTIFICATE OF INSURANCE WITH THIS APPLICATION**

Do you apply Pesticides? Yes No (circle one)

NJ DEP Certified Pesticide Applicator Number: \_\_\_\_\_

**NOTE: All persons applying pesticide must be a NJDEP Certified Pesticide Operator.**

\_\_\_\_\_  
Signature of Applicant

**BOROUGH OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Fee: \$10.00 (Cash \_\_\_ Check \_\_\_ No.: \_\_\_)

Registration No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Laura Borchers, Borough Clerk