

BOROUGH OF HO-HO-HUS
LANDSCAPING PERMIT

ORDINANCE: 985
Revised Ord. 2017-03

APPLICANT INFORMATION (Print Clearly)

Business Name: _____
Business Address: _____
Business Phone: _____ Fax: _____
Contact Name: _____
E-mail Address: _____
Cell Phone: _____ Home Phone: _____

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
PLEASE PROVIDE A CERTIFICATE OF INSURANCE WITH THIS APPLICATION

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

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: \$50.00 (Cash ____ Check ____)

Registration No.: _____ Date Issued: _____

Joan Herve, Borough Clerk