

**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