



Township of Livingston  
Engineering Department

# Permit Application

357 S. Livingston Avenue  
Livingston, NJ 07039  
Phone: 973-535-7950  
Fax: 973-535-7989

## Application for Lot Surface Drainage Permit

DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Worksite Address: \_\_\_\_\_

### REQUIRED FOR SUBMISSION:

Current survey of the property detailing the proposed project, drawn to scale.

Owner in Fee: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Description: \_\_\_\_\_

- The project is located on a single family lot.
- New Impervious Area (Square Feet) \_\_\_\_\_
- Area of Grading (Square Feet) \_\_\_\_\_
- Placement of Fill (Cubic Yards) \_\_\_\_\_
- Grading will be done within five (5) feet of a property line.

I, the undersigned, hereby acknowledge that I have read this permit application, and agree to perform all work in full compliance with the ordinances of the Township of Livingston and the laws of the State of New Jersey in relation thereto.

OWNER/APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ APPROVAL, TOWNSHIP ENGINEER: \_\_\_\_\_