TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-6081

APPLICATION FOR THE TEMPORARY SALE OF CHRISTMAS TREES AND OTHER SEASONAL OBJECTS

APPLICATION FEES:
Permit: $25.00
Security Deposit: $150.00

NJ SALES TAX I.D.# _____
(Must provide a copy of Tax ID Card.)

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: HOME/CELL: ( ) _____ WORK/CELL: ( ) _____

LOCATION OF SALE: _____
(Attach Site Plan)

NAME OF PROPERTY OWNER: _____
(If not applicant, attach notarized letter of consent from the owner.)

DATES OF SALE: _____ HOURS OF SALE: _____
(Maximum 35 Days prior to Jan 1st) (Must be between 9:00 am and 9:00 pm)

DESCRIPTION OF SHELTER: _____

I, _____, hereby certify that I have fully and truthfully answered this application and will abide by all laws of the State of New Jersey and ordinances of the Township of Berkeley Heights.

_____
Signature of Applicant

ZONING APPROVAL:

Proposed site approved _____ Zone as to conformance with provisions of Municipal Land Use Ordinance.

_____ _____
Zoning Official Signature Date

Proposed electrical permit approved as to conformance with provisions of Municipal Ordinances.

_____ _____
Electrical Inspector Date

PERMIT APPROVAL:

Permit Number: _____ Resolution Number: _____

Permit Fee Paid: _____ Deposit Received: _____

Deposit Returned: _____

_____
Ana Minkoff, RMC
Township Clerk