Borough of Saddle River
100 East Allendale Road
Saddle River, NJ 07458
201-327-2609 x235 or x245
Email: inspections@saddleriver.org

Construction Permit Inspection Request

Permit #: _____ Property Owner Name: _____

Worksite Address: _____

Requestor Name: _____

Email: _____

(phone number, only if no email access) _____

SUBCODE(S):

Building ____ Electric _____ Fire _____ Plumbing ____ Mechanical_____

Inspection Type _____ (i.e., rough, framing, final)

Inspection Date(s) requested: (1) _____ (2) _____ (3) _____

(Please choose (3) dates and allow at least (1) business day to have this request processed)

This inspection request must be confirmed by the Building Department Staff before it is added to the schedule.

If you do not receive confirmation, you are not on the schedule.

For Building Department Use Only:

Date Scheduled and Confirmed by Building Department: _____

In compliance with The New Jersey Uniform Construction Code N.J.A.C. 5:23-2.18© and 5:23-4.16

Created 7.7.25