



TOWNSHIP OF WEST ORANGE OUTDOOR SALES/ACTIVITIES PERMIT APPLICATION

Please attached diagram of the location – E-mail to: zoningofficial@westorange.org

COMPLETE ALL SECTIONS BELOW

ALL sections MUST be completed in order to process the application.

1. Applicant Information

Applicant Name: _____

Location of Sale (Address): _____

Property Block: _____ Lot: _____ Zone: _____

Name of Person Responsible for Sale: _____

Contact Address (Current): _____

Telephone Contact Number date of Sale: _____ Email: _____

2. Property Owner Information

Property Owner: _____

Property Owner Address: _____

Telephone: _____ Fax: _____ Email: _____

3. Description of Activity: Information

4. Authorization and Verification

I hereby certify that the above statements made by me are true and I have authority to apply for the above property owner. I also certify that I will comply with Ordinance 25-11.11 or Ordinance 25-11.12 of the Township of West Orange, and all other ordinances pertaining to this sale or any other conditions that may be required by the Zoning Official. I am aware that if any of the foregoing is false, or if I do not comply with the ordinance, I am subject to fines. (See Penalty section of Ordinance.)

Applicant's Signature _____ Print Name _____ Date _____

Owner's Signature _____ Print Name _____ Date _____

FOR OFFICIAL USE ONLY: Permit #: _____ Fee Paid: Cash Check # _____

Authorized by: Zoning Official Date: _____