



**WILLIAM GALESE
MAYOR**

TOWNSHIP OF FAIRFIELD
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ENGINEERING & ZONING

RESIDENTIAL DRIVEWAY APPLICATION/PERMIT
PLEASE TYPE OF PRINT

PROPERTY(ADDRESS): _____ BLOCK: _____ LOT: _____

OWNER OF PROPERTY: _____ PHONE #: _____

ADDRESS OF PROPERTY OWNER: _____

NAME OF CONTRACTOR: _____ PHONE #: _____

ADDRESS OF CONTRACTOR: _____

NEW DRIVEWAY: _____ MODIFICATION TO EXISTING DRIVEWAY: _____
(REQUIRE COPY OF SURVEY SHOWING DRIVEWAY LOCATION)

LOT COVERAGE BY ALL IMPERVIOUS SURFACES: _____ ZONING DISTRICT: _____

IS PROPERTY LOCATED IN FLOOD ZONE? _____
(IF YES, ELEVATION OF EXISTING GRADE/DRIVEWAY MAY NOT BE RAISED)

THE FOLLOWING ARE CONDITIONS OF THIS PERMIT:

1. The undersigned agrees to abide by all provisions of Ordinance 45-19.5(d), any Amendments and all applicable Ordinances and Regulations.
2. No driveway construction may begin without a markout inspection and approval from the Engineering Department.
3. All work to be done in accordance with the attached survey.
4. For any driveway on a County road, you must contact Essex County (973-226-8500 ext. 2480) to obtain any required County permits and approvals.

Contractor's Signature Date

Owner's Signature Date

FEE: \$75.00 CHECK#: _____ DEPOSIT # _____ DATE OF APPLICATION: _____

APPROVED BY: _____ DATE: _____