

ZONING

26 Attachment 1

City of Sea Isle City

LANDSCAPING PERMIT APPLICATION

1. Premises to Be Landscaped

Address _____

Lot _____ Block _____

2. Applicant's Information

Applicant's Name _____

Applicant's Address _____

Applicant's Telephone Number(s) _____

3. Owner's Information if Other Than Applicant

Owner's Name _____

Owner's Address _____

Owner's Telephone Number(s) _____

4. Project Supervisor's Information

Supervisor's Name _____

Supervisor's Address _____

Supervisor's Telephone Number(s) _____

SEA ISLE CITY CODE

5. Project Details

Project Beginning _____ and Ending _____

Description of Work to be Performed for Project _____

Reason for Removal or Destruction of Vegetation _____

Please Attach a Plan Detailing the Project as Required by City of Sea Isle City Ordinance subsection 26-25.4

6. Additional Information

Please Indicate If Additional Information is Provided and/or Where Additional Pages Have Been Provided to Complete This Application _____

