

Township of West Milford
TEMPORARY OUTDOOR COMMERCIAL SALES EVENT PERMIT
Attach all pertinent plans and documentation

Fee: \$50
Check#:
Date:

Applicant's Name _____ Phone # _____

Applicant's Mailing Address _____

Type of Activity _____

Start Date _____ End Date _____ Time: _____

Anticipated Number of Persons ____ Amount of Parking Spaces Provided ____ Number of Toilet Facilities Available ____

Location Address of Activity _____ Block ____ Lot ____ Zone ____

Name of Contact Person: _____ Phone # _____

Check any of the following that apply:

Township Owned Property ____ Insured ____ Non Profit Agency ____ Medical Facilities Available ____

Food Preparation ____ On-Site Food Vendors ____ Amplified Music ____ Solid Waste Receptacle Provided ____

On-Site Tents, Structures, Trailers ____ Temporary Signage ____

**AFTER ALL DEPARTMENTS HAVE REVIEWED PLEASE RETURN TO THE BUILDING
DEPARTMENT FOR ISSUANCE OF A PERMIT**

HEALTH OFFICER CONDITIONS: _____

Signature: _____ **Date:** _____

POLICE CHIEF CONDITIONS: _____

Signature: _____ **Date:** _____

DPW CONDITIONS: _____

Signature: _____ **Date:** _____

ENGINEERING CONDITIONS: _____

Signature: _____ **Date:** _____

COMMUNITY SERVICES & RECREATION DIRECTOR CONDITIONS: _____

Signature: _____ **Date:** _____

FIRE MARSHAL CONDITIONS: _____

Signature: _____ **Date:** _____

TOWNSHIP ADMINISTRATOR CONDITIONS: _____

Signature: _____ **Date:** _____

CONSTRUCTION OFFICIAL CONDITIONS: _____

Signature: _____ **Date:** _____