

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO
HEALTH OFFICER

BOROUGH HALL
201-784-0600 EXT.493
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JIN BAE
REGISTERED ENVIRONMENTAL
HEALTH SPECIALIST
BOH SECRETARY, LICENSING OFFICIAL
CERTIFIED MUNICIPAL REGISTRAR

EXTERMINATION PERMIT

APPLICATION/APPROVAL FEE: \$25.00 RE-INSPECTION FEE: \$20.00

APPLICATION IS HEREBY MADE FOR A PERMIT TO EXTERMINATE 30 (THIRTY) DAYS PRIOR TO COMMENCEMENT OF DEMOLITION, CONSTRUCTION, EXCAVATION OR CLEARANCE.

CONTRACTOR(S) NAME AND ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE NO.: _____

NAME AND ADDRESS OF PROPERTY OWNER: _____

WORK BEING PERFORMED

- (1) NO. OF HOMES BEING BUILT: _____
- (2) NUMBER OF TREES CUT FOR CLEARANCE OF LAND: _____
- (3) TYPE OF STRUCTURE BEING DEMOLISHED: _____
- (4) NAME AND ADDRESS OF CERTIFIED PROFESSIONAL EXTERMINATING FIRM: (must include copy of license)

NOTE: DO NOT COMENCE EXCAVATING UNTIL PROPERTY HAS BEEN INSPECTED BY A CERTIFIED PROFESSIONAL EXTERMINATING FIRM. A LETTER OF CONFIRMATION MUST BE SUBMITTED TO THIS OFFICE AS TO WHAT COURSE OF ACTION WILL BE TAKEN ON THE PROPERTY

- (1) NO EVIDENCE OF RODENTS
- (2) AREAS TREATED FOR RODENT HARBORAGE
- (3) IF THIS IS NOT COMPLIED WITH, A SUMMONS WILL BE IMMEDIATELY ISSUED

The APPLICATION documents/fee must be paid to the **BOROUGH OF CLOSTER**, **BEFORE** any approval will be given to start of DEMOLITION. Questions or concerns, please contact JIN BAE, Registered Environmental Health Specialist at 201-784-0600, x 493 or Email at JBAE@CLOSTERNJ.US

Date Application Received _____

Date Approved: _____

Signature of Health Official: _____

Jin Bae, REHS