

# BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO  
HEALTH OFFICER

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JIN BAE  
REGISTERED ENVIRONMENTAL  
HEALTH SPECIALIST  
BOH SECRETARY, LICENSING OFFICIAL  
CERTIFIED MUNICIPAL REGISTRAR



## PORTA JOHN PERMIT

APPLICATION/APPROVAL FEE: \$30.00, Additional \$15.00

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE AS DEFINED IN THE REVISED CLOSTER HEALTH CODE, ARTICLES IV AND XII. THIS PERMIT HAS BEEN ISSUED TO THE UNDERSIGNED PARTY FOR THE USE OF A PORTA-JOHN WITHIN THE BOROUGH OF CLOSTER LIMITS FOR THE PERIOD LISTED BELOW:

Number(s) of Porta John on Site: \_\_\_\_\_

NAME OF CONTRACTOR/INDIVIDUAL Requesting Permit: \_\_\_\_\_

Location: \_\_\_\_\_

Date Requested: \_\_\_\_\_ to \_\_\_\_\_

**IF THE DURATION OF PERMIT PERIOD IS TO EXCEED MORE THAN 12 MONTHS OR 1 YEAR, NEW APPLICATION MUST BE MADE. PERMITS ARE ONLY VALID FOR ONE YEAR.**

Type of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
JIN BAE, Closter Board of Health

Date Application Received \_\_\_\_\_  
JB/jb