



**Township of Little Egg Harbor**  
 665 Radio Road  
 Little Egg Harbor, New Jersey 08087  
 Phone: 609-294-9071 Fax: 609-294-9065

## Rental, Resale and Transfer of Title Open Permit Request Form

Date: \_\_\_\_\_

For open permits and substantial damage letter request the following information is required:

Homeowner of Record: \_\_\_\_\_

Address being requested: \_\_\_\_\_

Block: \_\_\_\_\_, Lot: \_\_\_\_\_

Requested by: \_\_\_\_\_

Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### OFFICE USE ONLY

Open Permits  
 Yes \_\_\_ No \_\_\_

Substantial Damage  
 Yes \_\_\_ No \_\_\_

Open Violations  
 Yes \_\_\_ No \_\_\_

Open Bulkhead  
 Yes \_\_\_ No \_\_\_

Open Permits Below:

Permit No. \_\_\_\_\_ Discipline: \_\_\_\_\_ Work Type: \_\_\_\_\_

Permit No. \_\_\_\_\_ Discipline: \_\_\_\_\_ Work Type: \_\_\_\_\_

Permit No. \_\_\_\_\_ Discipline: \_\_\_\_\_ Work Type: \_\_\_\_\_

Permit No. \_\_\_\_\_ Discipline: \_\_\_\_\_ Work Type: \_\_\_\_\_

Permit No. \_\_\_\_\_ Discipline: \_\_\_\_\_ Work Type: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_