

Application For Scaffolding Permit
City of Lambertville
18 York Street
Lambertville, NJ 08530
Phone: 609-397-0803 Fax: 609-397-2203

Building Permit # Issued: _____

Date Permit Issued: _____

Location Of Work Site: _____

Owner: _____

Block: _____ Lot: _____

Company/Homeowners Name: _____

Address: _____

Phone: _____

Description (Dimensions & placement of scaffolding, name of
manufacturer and capacity of scaffolding)

* Time Not To Exceed 30 Days

Permit Fee \$ _____ Collected By: _____

Date Approved: _____ Expiration Date: _____

Approved By: Ken Rogers C.O. _____