



BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES

220 East Ridgewood Ave, Paramus, NJ 07652

Phone (201) 634-2730 Fax (201) 634-2808

Upper Saddle River Plan Submissions for Board of Health

Date:	Municipality:	Address:		
Contact Name:			Block:	Lot:
Phone Number:		Email:		

Reason for paperwork submission:

- | | |
|---|--|
| <input type="checkbox"/> Building Plan | <input type="checkbox"/> Installation of Septic System |
| <input type="checkbox"/> Septic Plan Review | <input type="checkbox"/> ATU/UV Light service contract |
| <input type="checkbox"/> Septic Repair – Attach Repair Form | <input type="checkbox"/> Deed Restriction |
| | <input type="checkbox"/> Electrical Permit |
| | <input type="checkbox"/> Plumbing Permit |

If Building Plans are being submitted, please select all that applies:

- | | |
|---|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Deck | Will a pump of any sort be added while adding the bathroom. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> New Home | |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Outdoor plumbing | <input type="checkbox"/> Above ground |
| | <input type="checkbox"/> In-ground |
| | <input type="checkbox"/> Semi in-ground |

Other:

(Please describe work being performed)

Official Use Only

Date Received	Received By	
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