

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

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Permit Fee \$ \_\_\_\_\_ Collected By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approved By: Ken Rogers C.O. \_\_\_\_\_

*Please be advised that there is a charge to renew this application.*