

PERMITS MUST BE OBTAINED IN PERSON

Township of Rochelle Park
Building Department
151 West Passaic Street
Rochelle Park, NJ 07662
201-556-0520
201-556-0523 Fax

Garage Sale Permit

Name of Applicant:

Address of Applicant:

Telephone No.:

Address of premises where proposed garage sale will be held:

Name of Owner:
(if different than applicant)

Address of Owner:
(if different than applicant)

Date of Garage Sale:

Have any garage sales been held at these premises within the last 12 months?
If so please provide dates . _____

I certify I have read and understand the provisions of the attached chapter and
swear that the information given by me is true.

Applicant Signature:

Owner Signature:

**GARAGE SALE SIGNS
ARE NOT PERMITTED ON
POLES OR TREES IN THE
TOWN RIGHT OF WAY.
(BETWEEN THE SIDEWALK
AND CURB). RP185-132**

Acknowledged _____
Address _____
Date _____