

New Jersey Department of Transportation

**PERMIT-BY-RULE NOTIFICATION**

*Please complete this form and return it to the address below at least 14 days prior to initiating the activity.*

**Part 1 (Completed by NJDOT Bureau of Landscape Architecture and Environmental Solutions)**

**Property Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Address of site where regulated activity will be conducted:**

\_\_\_\_\_

Block # \_\_\_\_\_

Lot # \_\_\_\_\_

Municipality \_\_\_\_\_

County \_\_\_\_\_

**Check applicable permit-by-rule activity:**

1. Reconstructing a lawfully existing structure outside a floodway
2. Constructing in a disturbed riparian zone or at or below grade in a flood hazard area
3. Elevating a building above the flood hazard area design flood elevation
4. Constructing an addition to a building of no more than 300 square feet outside a floodway
5. Removing a major obstruction from a regulated water with machinery
6. Constructing a boat launching ramp of no more than 2,000 square feet
7. Constructing an aquatic habitat enhancement device
8. Constructing a USGS-approved flow gauge or weir

**Part 2 (Completed by NJDOT Construction RE)**

**Contractor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**NJDOT RE Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Proposed Activity Start Date (Construction Start):** \_\_\_\_\_

**Proposed Activity End Date (Substantial Completion):** \_\_\_\_\_

**Description of proposed activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return to**     **New Jersey Department of Environmental Protection**  
                  **Bureau of Coastal and Land Use Compliance and Enforcement**  
                  **Mail Code 401-04C**  
                  **401 East State Street**  
                  **PO Box 420**  
                  **Trenton, NJ 08625-0420** Fax: (609) 633-6798