



**Township of Clinton Construction Office
1225 Route 31 South
Suite 411, BLD D
Lebanon, NJ 08833
(908) 735-8800 EXT. 258, 252
(908) 735-7346 – FAX**

INTAKE FORM –PERK WITNESS TEST

Block: _____ Lot: _____

Proposed Work Site: _____

Name of Owner in Fee _____

Address _____

Phone # _____

Responsible Person in Charge of Inspection: MIRON RAHMAN
(MOTT MACDONALD)

PLEASE CALL FOR AN INSPECTION:
WORK# 732-780-6565 FAX # 732-577-0551

Date: _____

Received by: _____ Fee \$250.00 CASH / CHECK # _____