

ROAD OPENING APPLICATION/PERMIT

Date _____

APPLICANT _____ Phone: _____

ADDRESS _____

FOR (if not owner) _____ Phone: _____

LOCATION OF OPENING REQUESTED _____

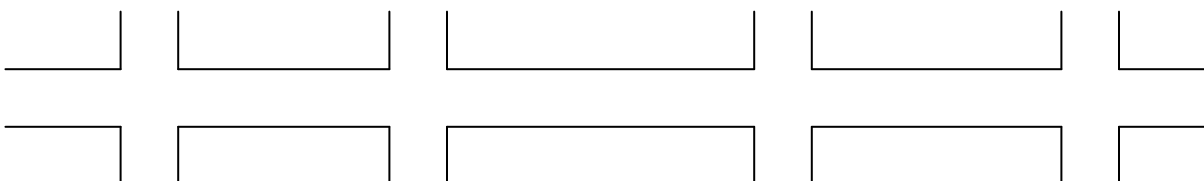
FOR WHAT PURPOSE _____

WIDTH OF OPENING _____ DEPTH _____

TYPE OF PAVEMENT TO BE CUT _____

STARTING DATE _____ COMPLETION DATE _____

LOCATE OPENING IN DIAGRAM BELOW



The applicant agrees to comply with all applicable ordinances and laws relating to the work involved and the acceptance of the permit shall be deemed an agreement to abide by all its terms and conditions.

Signature _____

Applicant

The following are conditions of this permit:

1. Working hours: 9:00 A.M. to 4:00 P.M.
2. Notify Township Police and Engineering Department 24 hours in advance of starting any work.
3. Back filling must be inspected by Township.
4. NOTE: All utility companies must locate their facilities at least four (4) feet away from municipal water and sewer mains.
5. Restoration to be in accordance with details attached.
6. **NOTICE: Permit shall expire thirty (30) days after issuance if no work has been started, unless request in writing is made for extension.**
7. Provide cash bond, amount (to be determined) \$ _____ held for 12 months.
8. Provide a certificate of insurance.
9. _____

Permit Fee:\$25.00 (residential) _____ Inspection Fee:\$25.00 _____ Bond: _____
\$75.00 (commercial) _____

PERMIT APPROVED BY _____ **Date:** _____

Municipal Engineer

_____ Date: _____

Police Department (973-227-1400)

[Trench Restoration Detail.pdf](#)

INSPECTOR'S REPORT

ADDRESS_____

WORK ACTUALLY STARTED_____WORK COMPLETED_____

MATERIAL EXCAVATED_____

BACK FILL MATERIAL_____

PAVEMENT REPLACEMENT_____

REMARKS_____

Inspector

Date_____