



APPLICATION FOR STREET OPENING PERMIT

Applicant: _____

Municipality in which work is to be performed: _____

Address: _____

Address: _____

Phone #: _____

Tax Map: Block _____
Lot _____

Project Name: _____
(if applicable)

WORK WITHIN

ROAD RIGHT-OF-WAY TRENCH OPENING

_____ Grading
_____ Curb
_____ Pavement
_____ Road
_____ Driveway
_____ Tree Removal
_____ Bridge Attachment

_____ Storm Sewer
_____ Sanitary Sewer
_____ Water
_____ Gas
_____ Telephone
_____ Electric
_____ Other (Describe)

To Excavate Trench: _____ feet wide _____ feel long _____ feet deep

Purpose: _____

Size of Pipe (conduits, etc.) _____

Start Date: _____ Completion Date: _____

Describe any special conditions: _____

Sketch of work to be performed submitted with application: _____

Applicant notified N.J. One Call (1-800-272-1000) prior to digging: _____

Permit charge of \$65.00 submitted with application: _____

Signature of Applicant _____ Date _____

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(TO BE COMPLETED BY BOROUGH OFFICIAL)

Received: _____ Payment: _____ Engineer Approval: _____
Copies to: Police _____ DPW _____ Engineer _____ Date: _____