CALL (800) 272-1000
BEFORE YOU DIG
FOR UTILITY LOCATIONS

**BOROUGH OF OAKLAND**
**1 MUNICIPAL PLAZA**
**OAKLAND, NJ 07436**
**201-337-8111**

FOR OFFICIAL USE ONLY:
PERMIT NUMBER: _____

# APPLICATION FOR ROAD OPENING PERMIT

Block _____ Lot _____ Date _____

Applicant Contact Name _____ Applicant email address _____

Applicant Business Name _____ Address _____

Phone Number _____ Location of Opening _____

Purpose of Opening Size (L) _____ (W) _____ (SY) _____
(Submit 4 prints if work exceeds 20 sq. yds.)

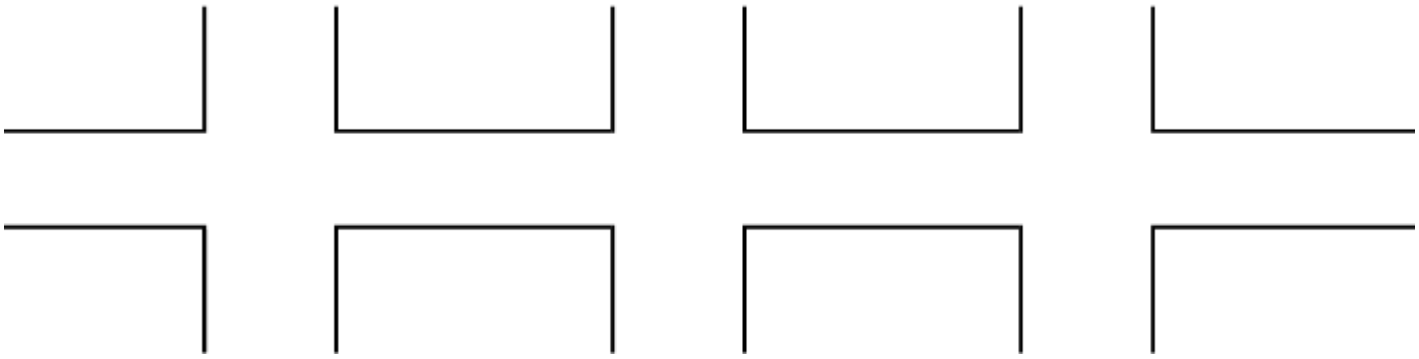
Restoration of Pavement By _____ (Permittee)
(Name, Address, Contact number & Email)

Work Will Start On _____ Permanent Pavement Completed On _____
(Date) (Date)

**Applicant shall contact Superintendent of Public Works (201-337-8104), at least 48 hours prior to starting work.**

*The applicant agrees to comply with all the rules, and regulations as specified in the Code of the Borough of Oakland, Chapter 12. Applicant hereby agrees that he will indemnify and save harmless the Borough of Oakland, its agents, servants and employees from and against any and all suits, damages, and actions, as set forth in said ordinance.*

| Applicant's Signature Required: | Print Name: |
|---|---|



**Applicant to indicate N point, location of opening**

***Do Not Write Below Line***

| | Amount | Received | Date | Approved | Date |
|---|---|---|---|---|---|
| Security Deposit | $ | | | Borough Clerk _____ | |
| Application Fee | $ | | | | |
| Escrow Deposit | $ | | | DPW Supervisor _____ | |
| Cert of Insurance | Yes ☐ No ☐ | | | | |