TOWNSHIP OF MENDHAM
PO BOX 520, BROOKSIDE, NJ 07928
(973) 543-4509

APPLICATION FOR ROAD OPENING PERMIT

Applicant's Name: _____

Address: _____ Phone #: _____

Applicant's E-mail: _____

Name of Person or Firm doing work: _____

Address: _____ Phone #: _____

Location of Excavation: (attach sketch/drawing) _____

Description of work to be done: _____

_____

FOR SERVICE CONNECTIONS OR CURB CUTS:

Owner: _____

Tax Map: Block _____ Lot: _____

Starting Date: _____ Completion Date: _____

Length of Excavation in feet: _____ Width in feet: _____

Square Yards of Pavement Affected: _____

Name of Bonding Company: _____

Address: _____

Bond Expiration Date: _____

Name of Insurance Company: _____

Address: _____

Insurance Expiration Date: _____

INSURANCE COVERAGE:

Personal Injury-One Person ($500,000 required)-Provided	☐
Personal Injury-One occurrence ($100,000 required)-Provided	☐
Property Damage-One accident ($500,000 required)-Provided	☐
Property Damage-All accidents ($100,000 required)-Provided	☐
Auto Liability-One person ($500,000 required)-Provided	☐
Auto Liability—One occurrence ($100, 000 required)-Provided	☐
Employer's Liability-Per occurrence ($500,000 required)-Provided	☐
Worker's Compensation as required by law.	

FEES REQUIRED:

_____
APPLICANT DATE

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For Official Use Only

Completion Date _____

Application Fee: _____

Performance Guarantee _____

Approved: _____
Superintendent of Public Works Date