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_____