

BOROUGH OF WENONAH

1 S. West Avenue, PO Box 66
Wenonah, NJ 08090

APPLICATION /PERMIT TO OPEN STREET RIGHT OF WAY

PERMIT # (To be issued by the Municipal Clerk) _____ - _____ - _____
Year Month #

→ SECTION 1- APPLICANT INFORMATION

CORPORATION NAME: _____

ADDRESS: _____

TELEPHONE #: _____ DATE OF APPLICATION: _____

CONTACT IN CASE OF EMERGENCY: _____

ADDRESS: _____ TELEPHONE# _____

HAVE YOU PREVIOUSLY DONE WORK IN WENONAH? NO _____ YES _____

IF YES, WHERE? _____

PLEASE ATTACH CERTIFICATE OF INSURANCE-NO PERMIT WILL BE ISSUED WITHOUT PROOF OF INSURANCE

→ SECTION 2- DESCRIPTION OF INTENDED WORK

WORK LOCATION: _____

HAS A DETAILED PLAN BEEN PROVIDED TO THE BOROUGH? NO _____ YES _____

CLOSEST INTERSECTION TO INTENDED PROJECT: _____

DATE WORK IS TO BE STARTED: _____ COMPLETED: _____

→ SECTION 3 - FEE CALCULATION

MINIMUM FEE: UP TO FIVE (5) SQ. YARDS \$150.00 _____

EACH ADDITIONAL FIVE (5) SQ. YARDS 7.50 each X _____

TOTAL: _____

→ SECTION 4 - TO BE COMPLETED BY THE BOROUGH OF WENONAH

PUBLIC WORKS SUPERINTENDENT:

PLAN APPROVED: YES _____ NO _____ WITH CONDITIONS? YES _____ NO _____

IF APPLICABLE, REASON FOR DENIAL: MISSING INFORMATION _____

LACK OF PROOF OF INSURANCE _____

OTHER _____

PERFORMANCE & MAINTENANCE SURETY AMOUNT: _____

FEE APPROVED: YES _____ NO _____

SIGNATURE: _____ DATE: _____

MUNICIPAL CLERK: APPLICATION APPROVED YES _____ NO _____

FEE RECEIVED YES _____ NO _____

PERMIT ISSUE DATE: _____ VALID THRU: _____

SIGNATURE: _____ DATE: _____