BOROUGH OF WESTWOOD
101 WASHINGTON AVE
WESTWOOD, NJ 07630

APPLICATION FOR A STREET OPENING PERMIT

Issuing Agent: Jean-Marie Vadovic, Borough Clerk

(Please type or Print)

STREET ADDRESS: _____
(Adjacent to Opening)

Block: _____ Lot:_____

PURPOSE OF OPENING: (Utility Being Installed):_____

SIZE OF OPENING: (In Feet): L _____ W _____ = Sq. ft._____
(Length x width)

DATE OF PROPOSED CONSTRUCTION: _____ Sq. ft: _____

TIME: _____ NATURE OF ROAD SURFACE:

CONTRACTOR RESPONSIBLE FOR WORK:_____

CONTACT PERSON:

CONTRACTOR ADDRESS: _____

BUSINESS PHONE: _____
24 HR. EMERGENCY PHONE: _____
CELL:

CONTACT THE WESTWOOD POLICE DEPARTMENT AT 201-664-7100 EXT 152 TO ARRANGE FOR TRAFFIC CONTROL

BASIC ORDINANCE REQUIREMENTS (ORD. #23-) CHAPTER 330 CODE OF WESTWOOD

PERMIT FEE: $200 each individual opening paid by Cash or Certified Check to the Borough of Westwood

**DEPOSIT FEES:

CLASS	AMOUNT
A – IMPROVED ROAD Concrete	$750 ($7.50 per sq. ft. over 100)
B – IMPROVED ROAD Macadam	$500 ($5.00 per sq. ft. over 100)
C – UNIMPROVED ROAD	$250 ($2.50 per sq. ft. over 100)

INSURANCE REQUIREMENTS: The applicant must provide a certificate of insurance to the Borough Clerk indicating liability of not less than $100,000 for any one person; $300,000 for injuries to more than one person and an aggregate of$100,000 for property damage for a single incident.

NEW JERSEY ONE-CALL CONFIRMATION NUMBER: Pursuant to N.J.S.A. 48:2-73 et seq requires that the applicant to provide a confirmation number assigned to the notice of intent to dig within a public right-of-way issued by New Jersey One-Call@ 1800-272-1000.

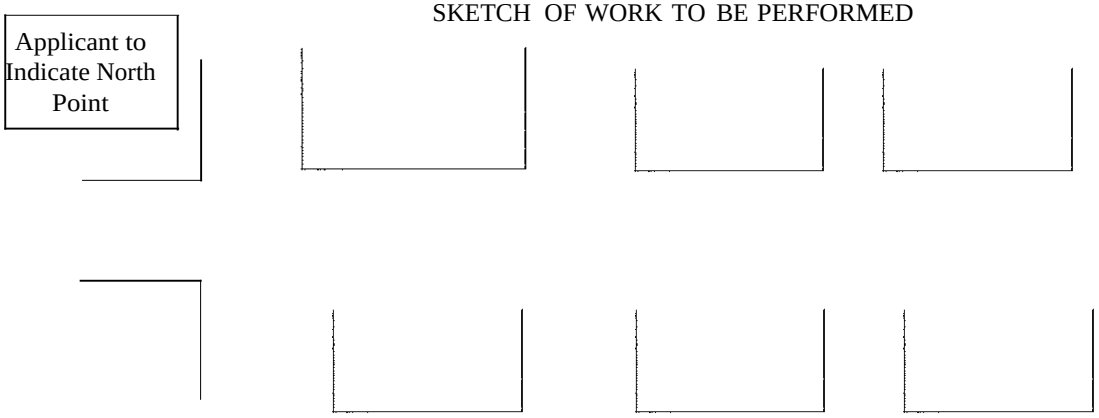
REPAIRS: Restoration of all road openings shall be to a newly paved condition prescribed by the standards set forth by ordinance and by Borough Engineer.

MORATORIUM STREETS: For roads paved within the preceding five years see §330-31C.

AFFIRMATION: I (we) have read the Borough of Westwood Street Excavation Ordinance(#23-) in its entirety and agree to perform this work in accordance with the provisions described.

DATE _____ SIGNATURE _____

SKETCH OF WORK TO BE PERFORMED



NAME OF APPLICANT: _____

ADDRESS: _____ TELE. PH.# _____

NEW JERSEY ONE-CALL CONFIRMATION NUMBER: _____

SIGNATURE OF APPLICANT:

OFFICIAL USE ONLY

REMARKS: _____

RECOMMENDED FOR APPROVAL: _____ PERMIT #: _____

APPROVED: _____ AMOUNT OF BOND: