

GLOUCESTER COUNTY DEPARTMENT OF PUBLIC WORKS
1200 N. DELSEA DR. (SH#47) CLAYTON, NJ 08312 (856) 307-6657
GOVERNMENT SERVICES BUILDING FAX (856) 307-6656

APPLICATION FOR PERMIT

<input type="checkbox"/>	ROAD OPENING
<input type="checkbox"/>	ACCESS
<input type="checkbox"/>	CURBING

ACCESS FOR:

<input type="checkbox"/>	PRIVATE USE	<input type="checkbox"/>	RESIDENCE & BUSINESS	
<input type="checkbox"/>	COMMERCIAL MINOR	<input type="checkbox"/>	COMMERCIAL MAJOR	
			<input type="checkbox"/>	SERVICE STATION

PERMIT #

APPLICANT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE(____)____-_____

FAX(____)____-_____

EMERGENCY CONTACT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE(____)____-_____

FAX(____)____-_____

INSURANCE COMPANY _____

POLICY # _____ PHONE # _____

PERFORMANCE BOND /L.O.C. COMPANY _____

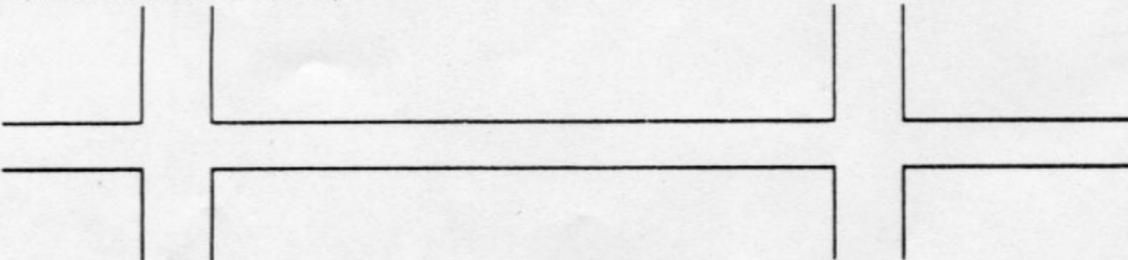
POLICY # _____ PHONE # _____

COUNTY ROAD (ROAD NAME) _____ CR # _____

MUNICIPALITY (IN WHICH ROAD OPENING IS LOCATED) _____

MUNICIPALITY # _____

LOCATION (GIVE EXACT LOCATION IN REFERENCE TO DISTINCT LANDMARKS, ie. INTERSECTIONS, BRIDGES, etc.):



BLOCK _____

LOT _____

PERMIT NEEDED FOR: (i.e. GAS LINE, WATER LINE, CURB, DRIVEWAY, etc.) _____

WIDTH _____ LENGTH _____ DEPTH _____ SQ FT _____ CURB _____ LIN. FT. _____

ISSUED DATE

DEPARTMENT USE ONLY		
PERMIT#:		
PLANNING #:		
PERMIT FEE RECEIVED	\$ _____	
UTILITY CO. FEE BILLED	\$ _____	
MONTH	_____	
CHECK NUMBER	_____	
FEE	BOND	_____
DATE RECEIVED _____ / _____ / _____		
PERFORMANCE BOND RECEIVED	CIRCLE ONE	
BOND	L.O.C.	CHECK
\$	_____	
NUMBER	_____	
INSPECTOR ASSIGNED _____		
INSPECTOR'S APPROVAL DATE _____		
COMPLETION DATE: _____		
FINAL RESTORATION _____		
MAINTENANCE PERIOD TWO (2) YEARS		
MAINTENANCE RELEASE DATE _____		

MAINTENANCE BOND
\$ _____

DEVELOPMENT NAME

NJ LAW (N.J.S.A. 48:2-73 REQUIRES PROOF THAT NJ ONE-CALL (1-800-272-1000) HAS BEEN NOTIFIED PRIOR TO ISSUING A PERMIT. PLEASE ENTER THE CONFIRMATION NUMBER(S) ASSIGNED _____

DATE WORK WILL START ON _____ ANTICIPATED COMPLETION DATE _____

REMARKS _____

THE APPLICANT AGREES TO COMPLY WITH THE REGULATIONS CONTAINED IN THE ORDINANCE GOVERNING ROADS AND STREET OPENINGS IN THE COUNTY OF GLOUCESTER AS WELL AS ALL LAWS, ORDINANCES AND RESOLUTIONS RELATING TO SAID WORK AND THE ACCEPTANCE OF THE PERMIT SHALL BE DEEMED AN AGREEMENT TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS.

SIGNED BY APPLICANT _____ NAME PRINTED _____ DATE ____/____/____

THIS PERMIT IS EFFECTIVE FOR 180 DAYS AFTER THE DATE OF ISSUANCE

YOU ARE HEREBY GRANTED PERMISSION TO MAKE OPENING IN THE COUNTY ROAD AND PERFORM WORK AND INSTALL FACILITIES THEREIN, IN ACCORDANCE WITH THE PLANS ATTACHED AND REGULATIONS PERTAINING THERETO.

AUTHORIZED SIGNATURE _____ TITLE: _____ DATE ____/____/____