

**GLOUCESTER COUNTY DEPARTMENT OF PUBLIC WORKS**  
**1200 N. DELSEA DR. (SH#47) CLAYTON, NJ 08312 (856) 307-6657**  
**GOVERNMENT SERVICES BUILDING FAX (856) 307-6409**

**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 \_\_\_\_\_

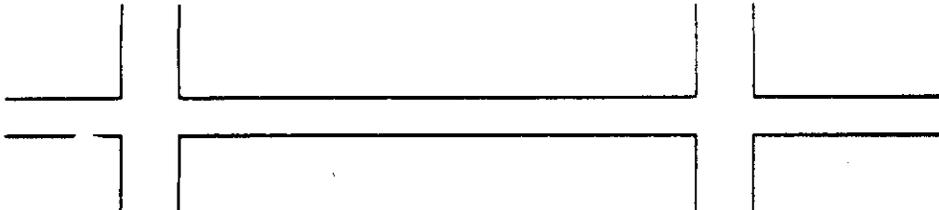
POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

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
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DEPARTMENT USE ONLY		
PERMIT#:		
PLANNING #:		
PERMIT FEE RECEIVED \$		
UTILITY CO. FEE BILLED \$		
MONTH		
CHECK NUMBER	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
_____

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

SIGNED BY APPLICANT \_\_\_\_\_ NAME PRINTED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMIT IS EFFECTIVE FOR 180 DAYS AFTER 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.

COUNTY AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

TITLE

WHITE-OFFICE YELLOW-APPLICANT PINK-INSPECTOR