



Road Opening Permit

Department of Public Works
Phn 609.291.2133 Fax 609.298.5125

Permit No. _____

Date: _____

Approved by: _____

Applicant:

Name _____

Address _____

Phone No _____

Emergency No _____

Fax No _____

Contractor _____

Address _____

Phone _____

Work Location:

Block _____ Lot _____

Address _____

Purpose _____

Size of Opening _____

Sewer Permit # _____

Water Permit # _____

Anticipated Date of Opening: _____ Anticipated Date of Completion: _____

A 48-hour notice to the Public Works Department is required before excavating can begin. Failure to notify the Department prior to excavation may result in backfilling operations and/or pavement restoration to be rejected.

Township Use Only:

Drawings or Plans _____

Certificate of Insurance _____

Traffic Control Plan _____

Permit Fee \$ _____

Deposit \$ _____

	Date	Approved	Inspected By
Temporary Repair	_____	_____	_____
Re-inspection	_____	_____	_____
Permanent Repair	_____	_____	_____
Re-inspection	_____	_____	_____
Final Inspection	_____	_____	_____
Re-inspection	_____	_____	_____

Additional Fees Assessed

Opening larger than permit \$ _____

Re-inspection Fees \$ _____

Restoration Fees \$ _____

Deposit Returned:

Amount \$ _____

Date Returned _____