

Township of Edgewater Park 400 Delanco Road

Edgewater Park, NJ 08010

Phone: 609-877-2217 | Fax: 609-877-2308

APPLICATION FOR A STREET OPENING PERMIT

				opening: Contact the Police Contract Re		
		ISSUING AC	GENT: IN	SPECTION'S OFFIC	<u>CE</u>	
Stree	et Address (adja	cent to opening):				
		Block:		Lot:		
Purpose o	f Opening (utility	being installed):	_			
Size of Opening (in feet):				w		н
Square Footage (length x width =):				Number of Openings:		
	Date of Propose	ed Construction:				
	Nature o	of Road Surface:		_	Time:	
Co	ontractor Respo	nsible for Work:				
			Number:			
24 Hour Emergency Number:				_	Fax:	
Contractor Address:						
		City:		State:		Zip:
		BASIC ORDI	NANCE	12.04 REQUIREMEN	<u>ITS</u>	
APPLICA Area	TION FEES:	 CASH REPAIR DEPOSIT: A \$500.00 cash repair deposit is required to serve as security for the repair and performance of work necessary to put the street in as good a condition as it was prior to the excavation. The deposit will be retained by the Township for a period of 1 year from the date of the excavation and pavement repairs are inspected and approved. * May require additional calculations depending on excavation. INSURANCE REQUIREMENTS: The applicant must provide a certificate of insurance to the Township Clerk indicating liability of not less than \$100,000.00 for any one person, \$300,000.00 for any one accident, and property damage of not less than \$25,000.00. The Township shall be named as the additionally insured. NEW JERSEY ONE-CALL CONFIRMATION #: The Township requires 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 @ 1-800-272-1000. REPAIRS: See Ordinance 12.04.140 4 PERFORMANCE: I (we) have read the Township of Edgewater Park Ordinance 12.04 in its entirety and agree to perform this work in accordance with the provisions described. 				
0 – 20 Sq. Ft.	\$100.00					
20 – 50 Sq. Ft.	\$150.00					
50 + Sq. Ft.	\$150.00 + 10% of cash guarantee					
DATE			SIC	GNATURE		
	Nai	me of Applicant:				
Applicant Address:						
City:_				State:		Zip:
	Tele	ephone Number:			Date:	
New .	Jersey One Call	Confirmation #: Signature:				
		<u>'</u>	OFFICE	USE ONLY		
Date Received:		Fee	: \$	Surety: \$	Develop	per ID #:
Approved By: Pe			:			ect ID #:
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