

APPLICATION FOR STREET OPENING PERMIT

Date _____

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____ State License Number: _____

LOCATION OF PROPOSED OPENINGS

Name of Property Owner: _____

Address of Property Owner: _____

DESCRIPTION:

Purpose: _____

Exact Size(s): _____

Exact Location(s): _____

Public Liability Insurance Carrier: _____

Limits: _____

MUST include a Certificate of Liability Insurance from your insurance company, naming the Borough of Haddon Heights as Additional Insured

NOTE TO CONTRACTOR: Per the Code of the Borough of Haddon Heights, Chapter 55, Section 5 – Undertaking to Restore Surface: “The application for a permit shall contain an undertaking to restore the original surface in such a manner as to conform with the then current requirements and specifications of New Jersey Highway Department to the extent they would be applicable.”

STREET CLOSING REQUIREMENTS:

- Saw Cut Street
- Dirt to be tamped every 12 inches
- If concrete street, concrete to be 3,000 PSI
- Replace to existing street
- Blacktop to be tacked at seams

A \$25 inspection fee is charged to the contractor. After the Superintendent of Public Works inspects and approves the closure of the opening, your deposit will be returned after the following Borough Council Meeting

This permit expires **30 DAYS** after issuance. If the excavation of the above referenced hole has not begun within 30 days following the issuance of this permit, the applicant must reapply.

Type of road surface: (Check one)

Earth or Gravel _____ Plain Concrete _____
Black Top _____ Reinforced Concrete _____
Sidewalk _____

Amount of Deposit Required: _____

Signature of Applicant: _____

Official Use Only

Approved by the Superintendent of Public Works

Signature of Superintendent

Permit #: _____

Date Issued: _____

Signature of Borough Clerk