APPLICATION FOR STREET OPENING PERMIT

	Date	
Name of Applicant:	:	
	ant:	
	State License Number:	
	LOCATION OF PROPOSED OPENINGS	
Name of Property (Owner:	-
	ty Owner:	
DESCRIPTION:	Purpose:	
	Exact Size(s):	
	Exact Location(s):	
Public Liability Insu	urance 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 <u>inspects and</u> <u>approves</u> the closure of the opening, your deposit will be returned after the following Borough Council Meeting

This permit expires <u>30 DAYS</u> 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

Permit #:	
Date Issued:	

Signature of Superintendent

Signature of Borough Clerk