

**APPLICATION FOR PERMIT TO EXCAVATE ROADWAYS AND/ OR RIGHT - OF - WAYS**

BOROUGH OF UNION BEACH  
650 POOLE AVE.  
UNION BEACH, N.J.

PERMIT NUMBER

TYPE OF PROPOSED WORK \_\_\_\_\_ ROAD OPENING \_\_\_\_\_ RIGHT OF WAY \_\_\_\_\_

BLACKTOP \_\_\_\_\_ CONCRETE \_\_\_\_\_ GRADING \_\_\_\_\_ OTHER \_\_\_\_\_

ROAD/STREET \_\_\_\_\_ NEAREST CROSS STREET \_\_\_\_\_

PURPOSE OF PROPOSED WORK: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

NAME OF CONTACT : \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

CONTRACTOR` NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

**AREA OF PROPOSED WORK**

LENGTH \_\_\_\_\_ FEET      WIDTH \_\_\_\_\_ FEET      DEPTH \_\_\_\_\_ FEET      LINEAR \_\_\_\_\_ FEET

PROPOSED START DATE: \_\_\_\_\_ PROPOSED COMPLETION DATE: \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE UNION BEACH POLICE DEPARTMENT AND THE DEPARTMENT OF PUBLIC WORKS A MINIMUM 24 HOURS PRIOR TO THE ACTUAL START OF WORK. THIS PERMIT IS VOID 30 DAYS AFTER THE ISSUED DATE.**

**TYPE OF REQUIRED RESTORATION OF REPAIR**

INFRARED \_\_\_\_\_ MILL AND PAVE \_\_\_\_\_ CONCRETE \_\_\_\_\_

APPLICANTS SIGNATURE : \_\_\_\_\_ TODAY`S DATE: \_\_\_\_\_

PRE- INSPECTION REQUIRED \_\_\_\_\_ TYPE OF INSPECTION \_\_\_\_\_

PERMIT FEE \$ _____	PERFORMANCE BOND \$ _____	INSPECTION FEE \$ _____
CHECK # _____	CHECK # _____ ON FILE	CHECK # _____
DATE POSTED _____	DATE POSTED _____	DATE POSTED _____

VERBAL APPROVAL BY: \_\_\_\_\_ DATE OF CALL: \_\_\_\_\_

PERMIT APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

**IT IS THE APPLICANT`S RESPONSIBILITY TO NOTIFY THE PUBLIC WORKS DEPARTMENT (732 - 264 -1133) TO REQUEST AN INSPECTION OF THE COMPLETED WORK. FAILURE TO DO SO WILL RESULT IN ADDITIONAL INSPECTION CHARGE.**

**INSPECTION OF ABOVE LISTED WORK FOR PROPER RESTORATION AND COMPLETION  
ACTUAL SIZE OF REPAIR \_\_\_\_\_**

SATISFACTORY \_\_\_\_\_ DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

UNSATISFACTORY \_\_\_\_\_ DATE: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_