



Public Works Department
 (732) 531-5001
 FAX (732) 531-4703

APPLICATION FOR A STREET OPENING PERMIT

Issuing Agent: **Stephen Higgins, CPWM, CRP, DER**
Director of Public Works
 (Please Type or Print Unless Otherwise Requested)

STREET ADDRESS (Adjacent to Opening): _____
 BLOCK: _____ LOT: _____

PURPOSE OF OPENING (Utility Being Installed): _____

SIZE OF OPENING (In Feet): L W D Square Feet. (length X width=)

DATE OF PROPOSED CONSTRUCTION: _____ NATURE OF ROAD SURFACE: _____
 TIME: _____

CONTRACTOR RESPONSIBLE FOR WORK: _____

CONTACT PERSON: _____

CONTRACTOR ADDRESS: _____

BUSINESS PHONE: _____ 24HR EMERGENCY PHONE: _____ FAX: _____
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IS A POLICE OFFICER NECESSARY TO CONTROL TRAFFIC: YES _____ NO _____

If so, contact the Ocean Township Police Department Traffic Safety Bureau at (732) 531-1800 X 2255

BASIC ORDINANCE 41458 REQUIREMENTS

FEES:	CLASS	AREA	AMOUNT	CLASS	AREA	AMOUNT
	A	0-100Sq.Ft	\$125.0	C	251-500Sq.F	\$225.00
	B	101-250Sq.	\$175.00	D	500 Sq.ft & over	\$275.00

* - May require additional calculations depending on excavation.

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.

INSURANCE REQUIREMENTS: The applicant must provide a certificate of insurance to the Township Clerk indicating liability of not less than \$300,000.00 for any one person, \$1,000,000.00 for any one accident, and property damage of not less than \$500,000.00. The Township shall be named as the additional insured.

NEW JERSEY ONE-CALL CONFIRMATION NUMBER: 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 or 8-1-1.

REPAIRS: Restoration of all road openings shall be to a newly paved condition. The restoration shall be according to the "Deep Patch Method" described in the Asphalt Institute Booklet - MS 16.

PERFORMANCE: I (we) have read the Township of Ocean Ordinance #1458 in its entirety and agree to perform this work in accordance with the provisions described.

 DATE

 SIGNATURE

NAME OF APPLICANT: _____ DATE: _____

NEW JERSEY ONE-CALL CONFIRMATION NUMBER: _____

SIGNATURE OF APPLICANT: _____

Official Use Only

NAME OF APPLICANT: _____ DATE: _____

ADDRESS _____

PURPOSE: _____ FEE: _____ SURETY: _____

APPROVED BY: _____ PERMIT NUMBER: _____

CONDITIONS: _____