

**TOWNSHIP OF WASHINGTON
APPLICATION FOR ROAD OPENING PERMIT**

Permit No. _____

Date _____

Location: _____

Applicant: _____

Contact Person: _____ email: _____

Address: _____ Phone: _____ Ext. _____

City, State, Zip Code _____

Purpose of opening: Emergency New Service Test Borings
(Circle one)

Size of Opening _____

New/Replacement Main Length of trench _____

Width of trench _____

Main located on _____ side of street. Building located on _____ side of street.

Restoration to be performed by _____ Date _____ Temp. _____ Perm. _____

Work will be started on _____ Completed on _____

Indicate nearest cross street and house number, if applicable.

The applicant agrees to comply with all the rules and regulations printed on the back hereof, as well as all laws, ordinances and resolutions relating to said work and the acceptance of the permit shall be deemed consent to abide by all of its terms and conditions. Applicant shall notify D.M.F. Supt. (664-3268) or the Police Dept. (664-1140) prior to commencement of work by phone.

(Corporation Form)

(Individual or Partnership)

signature

signature

Authorization to Begin

Received by Township Clerk

1. Work may begin at once upon notification of Township in the event of emergencies and test borings, with this form to be submitted on the next working day.
2. New service installations must have form Approved before work starts.
3. New or replacement of mains or other major Excavations require submission of this form and approval by the Township Council.
4. Fees and bonds must be paid in accordance with the Township Ordinance.

Mailing Address:
Township of Washington
350 Hudson Avenue
Township of Washington, NJ 07676
Phone: 201-664-4425
Fax: 201-664-8281
email: clerk@twpofwashington.us