



ROAD OPENING PERMIT APPLICATION

Prepare 5 copies, one will be returned to you. Each opening requires a separate application. NOTE: Please contact Township Engineer, Stacey Arcari at 1-856-235-7170 a minimum of 24 hours prior to work commencement

The undersigned hereby makes application for permission to make _____ openings in Road/Between Curb and Sidewalk/Grass, located at: (state definitely the exact distance from nearest intersecting street or road, which side of the road, give house number when possible or accompany application plan):

The Road is now improved with _____ Size of Cut _____

Purpose of Opening: _____

Time Required: _____ days. Estimate time ready to backfill _____ (give a date).

Restrictions: _____

In the event this application is granted, the undersigned agrees to conform with all of the requirements of the Eastampton Township Engineer.

Accompanying the application is an initial deposit of \$ _____. No return will be made from this deposit. In addition, if the cost of repairing this road opening should be greater than the deposit, the Township will bill the applicant for the remainder.

Signature of Applicant

Address: _____

Phone No: _____

Email: _____

Approved: _____

Permit No.: _____

Public Works:

Initial Inspection: _____

Date Temp. Patch Placed: _____

Permanent Patch Placed: _____

Size of Permanent Patch: _____