

ENGINEERING DEPARTMENT
CITY OF LINDEN
UNION COUNTY, NEW JERSEY
(908) 474 - 8470

APPLICATION FOR ROAD OPENING PERMIT

APPLICANTS NAME: _____
APPLICANTS ADDRESS: _____ TELEPHONE NO.: _____
LOCATION OF OPENING: _____
PURPOSE OF OPENING: _____
CONTRACTORS NAME: _____
CONTRACTORS ADDRESS: _____ EMERGENCY TELEPHONE: _____
TOTAL AREA OF OPENING: _____ WIDTH: _____ LENGTH: _____
WORK WILL BE STARTED ON: _____ COMPLETED ON: _____
REMARKS: _____

NOTE: YOU MUST CALL BEFORE YOU DIG (1-800-272-1000) IT'S THE LAW !!!

FEE \$ _____ PER ORDINANCE BOND

I HEREBY AGREE TO REPLACE THE PAVEMENT SPECIFIED IN THIS ROAD OPENING

NAME OF FIRM

AUTHORIZED SIGNATURE

TRAFFIC BUREAU

APPROVED BY: _____

APPROVAL DATE: _____

PRE-CONSTRUCTION MEETING REQUIRED:

YES NO

POLICE OFFICER REQUIRED:

YES NO

VOID AFTER _____

FOR ENGINEERING DEPARTMENT USE ONLY

PAVEMENT RESTORATION:

TEMPORARY _____ COMPLETED _____ TYPE BACKFILL _____

PERMANENT _____ COMPLETED _____

PAVEMENT BASE TYPE _____ THICKNESS _____

SURFACE COURSE TYPE _____ THICKNESS _____

APPROVED BY: _____ DATE: _____

GEORGE R. VIRCIK, CITY ENGINEER

REFERRED TO TRAFFIC BUREAU BY: _____ DATE: _____ PERMIT NO. _____