



PERMIT NO. \_\_\_\_\_

## TOWNSHIP OF READINGTON

509 Route 523

Whitehouse Station, NJ 08889

DEPARTMENT OF PUBLIC WORKS

Tel (908) 534-1058

dpw\_admin@readingtontwp-nj.org

# APPLICATION FOR ROAD OPENING PERMIT

**Purpose:** Any person, persons, or corporations performing any excavation related work within the Public Right of Way on Township Roads must apply for a Road Opening Permit.

Application made by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

24 Hour Emergency Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor (Name & Phone): \_\_\_\_\_

Location of Work: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Purpose of Work: \_\_\_\_\_

Date work to be started: \_\_\_\_\_ Completed on: \_\_\_\_\_

Estimated Cost of Work: \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Notification:** Applicant shall notify this office 48 business hours in advance of starting work.

**Location of Opening:** Attach a drawing, indicate curbs, shoulders, drainage structures, driveways, property lines and all other pertinent information. Show measurements from street intersections, bridges, utility poles and other distinct landmarks.

### SUBMISSION REQUIREMENTS:

- 1.) Application for Road Opening Permit (2 copies)
- 2.) Plan and profile of proposed construction. (Submission should include precise locations and depth of proposed utility installation, limit and extent of distance, and critical existing site features. Show location of all existing utilities in the area of proposed construction obtained from the appropriate utility company (2 copies)

### FEES:

- 1.) **\$75.00** – Application Fee (non-refundable)
- 2.) **\$50.00** – Permit Fee (non-refundable)



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**REVIEW/INSPECTION ESCROW DEPOSIT:**

- 1.) For projects within the right-of-way but outside pavement: **\$300.00**
- 2.) For projects within the right-of-way and impacting the pavement: **\$1,200.00.**
- 3.) In the event a project involves work that runs parallel along a Township Road within the right-of-way for a distance of 200 feet or greater, the escrow to be posted will be determined by the Director of Public Works.

**CASH BOND:**

- 1.) 100% of the estimated cost of backfilling, compaction, and repaving work. (Applicant may submit an acceptable surety bond in lieu of cash bond per Section 204-28 of the Township Ordinance.)

**PROOF OF LIABILITY INSURANCE:**

- 1.) Copy of Certificate of Insurance as required by Section 204-13 of the Township Ordinance.

**NOTE:** Costs for engineering review and inspection will be paid from the escrow deposit. Costs for unrepaired damage and other reasonable costs will be paid from the cash bond, if necessary. All unexpended cash bond monies, except for a final fee of \$100.00, shall be returned to the applicant within two (2) months after the expiration of the 18-month maintenance period.

The applicant hereby agrees to save the Township of Readington harmless from any loss, injury or damage whatsoever resulting from the course of construction, whether directly or indirectly connected with the work, or from any negligence or fault of the applicant, its agents, servants, representatives, or contractors, in connection with the performance of the work.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR DPW USE:**

APPLICATION DATE RECEIVED: \_\_\_\_\_

APPLICATION FEE:                      DATE PAID: \_\_\_\_\_                      AMOUNT: \_\_\_\_\_                      BY: \_\_\_\_\_

PERMIT FEE:                              DATE PAID: \_\_\_\_\_                      AMOUNT: \_\_\_\_\_                      BY: \_\_\_\_\_

REVIEW/INSPECTION ESCROW:      DATE PAID: \_\_\_\_\_                      AMOUNT: \_\_\_\_\_                      BY: \_\_\_\_\_

CASH BOND:                              DATE PAID: \_\_\_\_\_                      AMOUNT: \_\_\_\_\_                      BY: \_\_\_\_\_

PERMIT ISSUED DATE: \_\_\_\_\_                      BY: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_  
(if applicable)

INSPECTION BY: \_\_\_\_\_

FINAL APPROVAL DATE: \_\_\_\_\_

FINAL APPROVAL BY: \_\_\_\_\_

PERMIT CLOSED DATE: \_\_\_\_\_

PERMIT CLOSED BY: \_\_\_\_\_