

(APPLICANT TO PROVIDE CONTACT INFO FOR CONTRACTOR DOING WORK) Contractor _____ Inspector Assigned (BY OCEAN COUNTY) _____ Phone _____
Sub Contractor _____ Phone _____

COUNTY OF OCEAN - - ENGINEERING DEPARTMENT
Toms River, New Jersey

APPLICATION FOR TRENCH OPENING

ANY COUNTY ROAD, STREET OR HIGHWAY
(To be filled in by Applicant)

Date (DATE APPLICATION SUBMITTED) _____

Application is hereby made by (NAME OF APPLICANT) _____

Address (APPLICANTS ADDRESS) _____ Emergency 24-hour Telephone: (APPLICANTS No.) _____

to excavate trench (WIDTH OF EXCAVATION) _____ Maximum (LENGTH OF EXCAVATION) Ft. Wide _____ Maximum (DEPTH OF EXCAVATION) Ft. Long _____ Ft. Deep _____

On County Road (NAME OF COUNTY ROAD) _____ No. (BY COUNTY) _____

Municipality (TOWN PROJECT IS LOCATED IN) _____ Block (IF KNOWN) _____ Lot (IF KNOWN) _____

For the Purpose of laying (ROAD WIDENING, CURB, STORM PIPE, ETC.) size pipe (conduit, etc.) (IF APPLICABLE) _____

to property of / Project Title (STREET ADDRESS OR PROJECT TITLE) _____

to commence (DATE TO START WORK) _____ CALL 732-929-2124 (24 Hrs. - prior to opening Road)

(within 30 days) Regulation #3 - Read Booklet "Time Limitations" THE APPLICANT SHALL PROVIDE THE ONE-CALL DAMAGE PREVENTION SYSTEM CONFIRMATION NUMBER PRIOR TO EXCAVATION

Show location on sketch below, name roads, distance, etc. _____

(FILL IN OR PROVIDE SITE PLAN/SKETCH)

(Curb Line or Edge of Pavement) Road Shoulders/Right-of-way are part of Road

Describe any special conditions (PROVIDE ADDITIONAL INFORMATION FOR WORK BEING PERFORMED) _____

FINAL SURFACE RESTORATION SHALL BE AS FOLLOWS: (1) Mill across trench & extend 1' minimum beyond edges of trench to a depth of 1" minimum. (2) Apply tack coat at a rate of 0.08 gals. per sq. yd. (3) Place FA-BC surface course 1" thick minimum using paver at a minimum width of 8'.

Permit Fee Paid (BY COUNTY) _____

Amount & Type of Bond Fee Received:

Surety (BY COUNTY) _____

Cash (BY COUNTY) _____

"The applicant agrees to accept the conditions of continuing County policy with regard to adjustment of utility structures. The applicant must agree that in the event of modification of the county road, utility adjustments necessary to meet the modification will be at the utility's cost & expense, & in addition, Certifies receipt of the pamphlet entitled 'Rules & Regulations for Openings', & understands their obligation for Road Openings".

NO WORK MAY BE DONE BETWEEN
DECEMBER 15 AND MARCH 1

Signed (SIGNATURE OF APPLICANT) _____

PERMIT FOR OPENING
(To Be Filled in By County)

Date _____

Permit No. _____ Municipality _____

County Road No. and Name _____

Name of Applicant _____

You are hereby granted permission to make opening in County Road and perform work and install facilities therein in accordance with and subject to the conditions of your Application, dated _____ and in accordance with the plan and Regulations attached, for service connection to property of _____ or construction or extension of _____ main or conduits.

Detailed statement of any special conditions or features: Lane/Shoulder Closings shall be between 9:00 AM - 4:00 PM. Hot Mix Asphalt must be available on day of road opening.

SUPERVISING ENGINEER

IMPORTANT-READ BOOKLET
RESOLUTION REGULATING & CONTROLLING COUNTY ROAD, STREET & HIGHWAY OPENINGS & PROVIDING PENALTIES FOR THE VIOLATION THEREOF.

Distribution: Applicant, Inspector, Engineering Department,
Road Department, Police Department

CALL BEFORE YOU DIG 1-800-272-1000 FOR UTILITY LOCATIONS.