

**TOWNSHIP OF INDEPENDENCE
STREET OPENING APPLICATION**

PLEASE TYPE OR PRINT

Block _____ Lot _____ Date _____ Application No. _____
 Street to be Opened _____
 Near Intersection with _____
 Reason for Opening _____
 Duration of Opening _____
 Proposed Length of Trench _____ Depth _____ Width _____

APPROPRIATE PLANS/DRAWINGS MUST BE ATTACHED

Name of Applicant _____
 Address _____
 Phone Number (Business) _____ Home _____
 Name of Contractor _____
 Address _____
 Phone Number (Business) _____ Emergency _____
 Person/Company Responsible for Repairs _____

NOTE: This application does not become an approval permit until **reviewed and signed** by the Township Engineer. An approved copy of this permit shall be retained at the job site at all time. Failure to comply with the above will subject the Applicant/Contractor to a fine as per Township Ordinance.
 Notify Michael S. Finelli, P.E., Township Engineer, at (908) 835-9500 **two (2) full working days prior to start of construction** (except under emergency conditions).
 Restoration Deposit will be returned upon completion and acceptance of work as required. A Maintenance Deposit of 15 percent will be held for a period of eighteen (18) months from date of acceptance.

DO NOT WRITE BELOW THIS LINE

Application Fee	\$	_____	Date Paid	_____
		(Township to Calculate)		
Inspection Fee	\$	_____	Date Paid	_____
		(Township to Calculate)		
Restoration Deposit	\$	_____	Date Paid	_____
		(Township to Calculate)		
Restoration Deposit Returned		_____	Check No.	_____
Approved		_____	Date	_____