

BOROUGH OF ALLENDALE

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STREET OPENING PERMIT APPLICATION

☐ STREET OPENING ☐ EXTENSI		IVE OPENING	E OPENING	
APPLICANT NAME:		TELEPHONE:		
APPLICANT ADDRESS:		FAX:		
NAME, ADDRESS AND PHONE NO. OF C	CONTRACTOR:			
LOCATION OF OPENING (ATTACH SKETCH): -		TYPE OF ROAD OR OTHER SURFACE:		
LENGTH OF TRENCH:	WIDTH OF TRE	NCH:	DEPTH OF TRENCH:	
PURPOSE OF OPENING:		RESTORATION TO BE PERFORMED BY:		
REQUESTED BEGIN DATE:		COMPLETION DATE:		
			S ASSOCIATED WITH STREET OPENINGS	
FOR ALL APPLICATIONS, A DETAILED SKE FOR EXTENSIVE OPENINGS, THE FOLLOV				
 ALL IMPROVEMENTS; TYPICAL DETAILS AND SECTIONS PLANS, PROFILES AND OTHER DIFFERENCY OPENINGS: 	ó;			
THIS APPLICATION SHALL BE FILE THE DIRECTOR OF OPERATIONS IF WORK COMMENCES ON A SA	OR THE BOROUG TURDAY OR SUN RT OF WORK, AN	GH ENGINEER SHALL BE N NDAY, THE POLICE DEPAR ID THE DIRECTOR OF OPE	NITHIN 72 HOURS OF THE OPENING; NOTIFIED OF OPENING WITHIN 24 HOURS; RIMENT OF THE BOROUGH OF ALLENDALE SHAL RATIONS OR THE BOROUGH ENGINEER SHALL B	
APPLICANT'S SIGNATURE:		DATE:		
APPROVED BY:		DATE:	:	
INSPECTED BY:		DATE:	DATE:	

ALL WORK SHALL BE IN CONFORMANCE WITH SECTION 233 OF THE ALLENDALE BOROUGH CODE.