

TOWNSHIP OF TOMS RIVER
APPLICATION FOR STREET EXCAVATION PERMIT



Section A (To be completed by Applicant)

Applicant Name: _____ Applicant Tel. No. _____

Contractor Name: _____ Contractor Tel. No. _____

Address of excavation: _____

Show location on sketch below – Road names, distances, etc. OR please attach a copy of Plot Plan.

Nature, purpose and extent of work:

* For trenches ONLY – Length: _____ Ft. Width: _____ Ft. Depth: _____ Ft.

Total SF: _____

Statement: The undersigned applicant for a street permit hereby warrants that the information herein is correct and that he is familiar with, and agrees to abide by the requirements of the "Street Excavation Ordinance" of the Township of Toms River.

Date: _____ Applicant Signature: _____

Section B (To be completed by Engineering Department)

Cash Repair Deposit Bond \$ _____ Permit Application Fee \$ _____

Approval date: _____
_____ Township Engineer

Form Inspection Date: _____

Inspectors Notes: _____

Final Inspection Date: _____

Inspectors Notes: _____

Permit # _____