

Contractor _____ Phone _____
Paving Co. _____ Phone _____

BOROUGH OF WEST CAPE MAY
Cape May County, New Jersey
APPLICATION FOR ROAD OPENING PERMIT

Date _____

Applicant's Name _____

Address _____

For permission to open _____
(as shown on diagram below)

For the purpose of _____

Total area of opening _____ Width _____ Length _____ Depth _____

Anticipated start date _____ Completion date _____

Please note no street openings are permitted between Memorial Day and Labor Day

Remarks _____

_____ Road shoulders are part of road _____

The applicant agrees to comply with the regulations governing road and street openings in West Cape May (Ch. 17-1 found at <http://clerkshq.com/default.ashx?clientsite=WestCapeMay-nj>) as well as all laws, ordinances and resolutions relating to said work and the acceptance of the permit shall be deemed an agreement to abide by all of its terms and conditions. Prior to commencing work, applicant must submit a Certificate of Insurance.

Applicant's Signature: _____

ROAD OPENING PERMIT

Date _____

Permit No. _____

OFFICE USE ONLY
Permit Fee: _____
Bond/Escrow: _____
Deposit: _____
Final Restoration Fee, If applicable: _____

Borough of West Cape May

Suzanne M. Stocker, RMC – Municipal Clerk