



Street Opening Permit
Westampton Department of Public Works
 710 Rancocas Road
 Westampton, NJ 08060
 Phone: (609) 267-1891 Fax: (609) 267-7398
www.westampton.com

Date

Permit No.

Name of Applicant

Location of Opening

Applicant's Address (Include street, city, state and zip code)

Emergency Contact Number

Phone:

Fax:

Applicant's Telephone Numbers

Applicant's Email Address

Hereby applies for permission to make an opening for:

☐

Sanitary Sewer

☐

Storm Sewer

☐

Gas Line

☐

Telephone

☐

Water Line

☐

Other:

Applicant is:

☐

Owner

☐

Public Utility

☐

Contractor

☐

Tenant

Sketch to be provided on Sheet 2 of Permit (Include north arrow and nearest cross-street):

Indicate type of opening(s) and dimensions:

TYPE	MATERIAL	LENGTH (FT)	WIDTH (FT)	AREA (S.F.)	AREA (S.Y.)
ROADWAY					
SIDEWALK					
DRIVEWAY APRON					
CURB			N/A	N/A	N/A
OVERHEAD CABLE			N/A	N/A	N/A
OTHER:					

Before opening a roadway, you must contact NJ One-Call Service (800) 272-1000 for utility location and also report the opening to the Westampton Department of Public Works (609) 267-1891.

I hereby agree to and will comply with Chapter XXX: Streets and Sidewalks, Article II, of the Township of Westampton Code; will maintain the required certificate of insurance (XXX-15), and indemnify the Township concerning any loss of persons or property (XXX-16).

Applicant's Signature

Date

Permit Approved

Department of Public Works

Date

DEPARTMENT USE ONLY:

Permit Application Fee:	\$50.00	Check #:	Receipt #:	Date:
Engineering Fee:	\$150.00 (minimum)	Check #:	Receipt #:	Date:
Inspection Fee: behind curb	\$150.00 (minimum)	Check #:	Receipt #:	Date:
Inspection Fee: in road	\$500.00 (minimum)	Check #:	Receipt #:	Date:
Escrow Fee:	TBD: Director/Eng.	Check #:	Receipt #:	Date:

Distribution: Permit, File, Department of Public Works, WTPD, WTES