

TOWNSHIP OF MENDHAM

PO BOX 520, BROOKSIDE, NJ 07926

APPLICATION for DRIVEWAY OPENING PERMIT

Applicant's Name _____

Address _____ Phone No. _____

Name of Person or Firm doing work _____

Address _____ Phone No. _____

Location of Excavation (attach sketch or drawing) _____

Description of work to be done _____

Fees Required

Applicant Date

For Official Use Only

Completion Date: _____

Application Fee: _____

Performance Guarantee Bond: _____

Approved _____
Mendham Township Supt. of Public Works

Date _____