

TOWNSHIP OF MENDHAM  
PO BOX 520, BROOKSIDE, NJ 07928  
(973) 543-4509

**APPLICATION FOR ROAD OPENING PERMIT**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_

Name of Person or Firm doing work: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Excavation: (attach sketch/drawing) \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

\_\_\_\_\_

**FOR SERVICE CONNECTIONS OR CURB CUTS:**

Owner: \_\_\_\_\_

Tax Map: Block \_\_\_\_\_ Lot: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Length of Excavation in feet: \_\_\_\_\_ Width in feet: \_\_\_\_\_

Square Yards of Pavement Affected: \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_

Bond Expiration Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Expiration Date: \_\_\_\_\_

**INSURANCE COVERAGE:**

Personal Injury-One Person (\$500,000 required)-Provided	_____
Personal Injury-One occurrence (\$100,000 required)-Provided	_____
Property Damage-One accident (\$500,000 required)-Provided	_____
Property Damage-All accidents (\$100,000 required)-Provided	_____
Auto Liability-One person (\$500,000 required)-Provided	_____
Auto Liability—One occurrence (\$100, 000 required)-Provided	_____
Employer's Liability-Per occurrence (\$500,000 required)-Provided	_____
Worker's Compensation as required by law.	

**FEES REQUIRED:**

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\*\*\*\*\*  
For Official Use Only

Completion Date \_\_\_\_\_

Application Fee: \_\_\_\_\_

Performance Guarantee \_\_\_\_\_

Approved: \_\_\_\_\_

Superintendent of Public Works

Date