Permit No:_____

APPLICATION FOR STREET OPENING PERMIT
BOROUGH OF SEA BRIGHT
1167 OCEAN AVENUE
SEA BRIGHT, NEW JERSEY 07760

APPLICATION IS HEREBY MADE BY:_____

DATE:_____

COMPANY NAME:_____

INDIVIDUAL'S NAME:_____**DEPARTMENT:**_____

ADDRESS:_____

TELEPHONE:_____

FOR A STREET OPENING AT:_____

BLOCK:_____ **LOT:**_____

EXCAVATION FOR PURPOSE OF:_____

SIZE OF OPENING: WIDTH_____ **LENGTH**_____ **DEPTH**_____

TOTAL SQUARE FEET OPENING:_____**SKETCH ATTACHED:**_____

PROPOSED START DATE:_____

PROPOSED COMPLETION DATE:_____

WORK TO BE PERFORMED BY:_____

UTILITY MARKOUT REQUEST NUMBER:_____

VERBAL AGREEMENT:_____

BY:_____**PHONE:**_____

VERBAL PERMIT NO:_____

PERMIT FEE: _____**PERFORMANCE BOND:**_____**ESCROW:**_____

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PERMIT AUTHORIZED BY:_____
Borough Clerk **Date**

pc: Public Works
Police Department
Borough Engineer