APPLICATION FOR STREET/ROAD OPENING PERMIT

This application form is to be submitted in triplicate by any applicant seeking a permit to make a street opening under the terms of the Township of Union Ordinance entitled “AN ORDINANCE REGULATING EXCAVATIONS IN THE STREETS AND ROADS OF THE TOWNSHIP OF UNION, AND FIXING PENALTIES FOR THE VIOLATION THEREOF”. All fees and bond certificates required in the ordinance or detailed herein, are to be submitted with this application.

Applicant: _________________________________ Date ____________________________
Address: _________________________________ Phone ____________________________
Fax: ____________________________

( ) Check if a N.J. Public Utility Corp.

Location of proposed opening(s): (Describe fully)
_____________________________________________________________________________________
_____________________________________________________________________________________

Reason and nature of proposed opening(s): _________________________________________________
_____________________________________________________________________________________

Describe/identify drawings attached: _______________________________________________________
_____________________________________________________________________________________

Applicant’s Engineer: _________________________________ Phone: _____________________
Address: _______________________________________ Contact: ____________________

Describe any special problems anticipated: _________________________________________________
_____________________________________________________________________________________

Is blasting anticipated? ________________ Name & Address of Licensed Dynamiter: _______________

Will jacking or drilling be required? _____ (Yes) ______ (No)
Describe: _____________________________________________________________________________

NO WORK CAN COMMENCE UNTIL THE ONE-CALL CONFIRMATION NUMBER HAS BEEN RECEIVED BY THE TOWNSHIP CLERK

ONE-CALL CERTIFICATION NUMBER:___________________________________________________
Estimated starting date: ______________________________ Est. Completion date: ___________________

CERTIFICATES OF INSURANCE are attached as follows:

( ) Workmen’s Compensation, as required by law.
( ) Public Liability $______________ injury to one person;
    $______________ injury for one accident;
    $______________ property damage.

Name of Insurance Company: _________________________________________________________________

Local Insurance Agent: _________________________________________________________________
Address: _________________________________________________________________
Phone #: _________________________________________________________________

( ) “Save Harmless” Agreement is attached.

Estimate of project cost: $__________________________. (Note: For larger projects, exceeding $1,000.00, attach a schedule of detailed cost items to be reviewed and approved by the Township Engineer).

Application Fees to be attached as follows:

1. Application Fee $ 100.00
2. 10% of Job Estimate (min. $500.00) $ ______
3. Total Deposit Fee $ ______

(NO APPLICATION WILL BE FORWARDED TO THE TOWNSHIP ENGINEER UNTIL FEES ARE PAID)

Note: Costs for engineering, inspection, legal, unrepaired damage or other reasonable costs will be paid by the applicant.

REMARKS:

APPLICANT HEREBY AGREES to follow specified procedures and to perform the work in accordance with the requirements of pertinent Township of Union Ordinances.

Name (print) ______________________________
(or Corporation name, if any)
Seal/ ......................................................
By: Signature ..............................................
Print Name ...................................................
Title .............................................................

Sworn to and Subscribed before me this _____ day of _______________, 200__.

_________________________________________
Signature of Officer Administering Oath
SAVE HARMLESS AGREEMENT

Applicant: _________________________________________________________________________________

Address: __________________________________________________________________________________

Location of Road Opening/Excavation: _________________________________________________________

Applicant hereby agrees to defend, indemnify and hold harmless the Township of Union (Hunterdon County) from any claims, suits, actions, causes of action, damages or demands, of any kind that may be bought against the Township of Union, for any loss, injury, damage or liability, whether for creditor claims, liquidated damages, contract damages, consequential liability, product liability, personal injury, property damage, whether directly or indirectly connected with the work or from any negligence or fault of the Applicant, its agents, servants, representatives or contractors in connection with the performance of the work covered by the plans submitted and approved in this matter.

The Applicant shall carry the Township of Union as and additional named insures on all liability insurance policies covering the Applicant and shall supply the Township of Union with an insurance certificate for all such policies in effect now or in the future.

________________________________________
Authorized Signature

________________________________________
Print or Type Name Title

WITNESS/ATTEST:

________________________________________

Date: ______________________

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