



OFFICE USE ONLY	
Date Rcvd:	_____
Date Sent:	_____
Check #	_____

BOROUGH OF SOUTH PLAINFIELD
MIDDLESEX COUNTY - NEW JERSEY
APPLICATION FOR EXCAVATION OR STREET OPENING

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone No.: _____

Applicant's Email Address: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Telephone No.: _____

Contractor's Email Address: _____

Location of Opening: _____

Size of Opening: _____ x _____ sq. yards

Pavement Type: _____ @ \$ _____ = \$ _____
(per sq. yard)

Performance Guarantee Fee: _____

Work to be Started on or Before: _____

Work to be Completed on or Before: _____

PLEASE INCLUDE A COPY OF A SKETCH FOR THE WORK TO BE PERFORMED

**THE APPLICANT'S ATTENTION IS HERE CALLED TO ORDINANCE NO. 343
RELATING TO STREET EXCAVATIONS AND OPENINGS.**

Date: _____ **Applicant's Signature:** _____

FEE AND INSURANCE RECEIPT	<input type="radio"/> APPLICATION DENIED
PERMIT FEE PAID: _____	_____
INS. CERT. FILED: _____	_____
	<input type="radio"/> APPLICATION APPROVED
	Date: _____
_____ Borough Engineer	_____ Borough Engineer