

Township of Bernards
Department of Engineering Services
277 South Maple Avenue, Basking Ridge, NJ 07920
Engineering Permit Application
Phone: 908-204-3018 Fax: 908-204-3089

TOWNSHIP USE ONLY: Permit # _____	Date Fee Received _____
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Work Site Address: _____
ATTACH TWO (2) COPIES OF PLAN:

Owner's Name: _____

Owner's Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

Contractor: _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Cellphone: _____ Email: _____

Contractor Registration Number: _____

Description of Work: _____

Length of Excavation: _____ Width of Excavation: _____

Type of Work (check all that apply):				
<input type="checkbox"/> Curb	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Relocate Driveway <small>(ZONING PERMIT ALSO REQUIRED)</small>	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Gas	<input type="checkbox"/> Water	<input type="checkbox"/> Drainage	<input type="checkbox"/> Other: _____	

By signing this permit application, I agree that all work will be performed in accordance with the Revised General and Land Use Ordinances of the Township of Bernards, Section 18-3, "Requirements and Specifications for Street Openings."

- **Call 1-908-204-3018 at least 48 hours in advance to schedule inspections.**
- **Call 1-800-272-1000 for utility markouts before excavating (3 days required for markout).**

Print Applicant's Name: _____

Signature of Applicant: _____ Date: _____

<small>TOWNSHIP USE ONLY:</small>			
Non-Refundable Application Fee:	\$	50.00	
Non-Refundable Inspection Fee: (\$75 min.)	\$	_____	
Total Fees (paid together)	\$	_____	Check # _____
1 Year Maintenance Deposit (Escrow)			
\$500 min; Must be paid separate check	\$	_____	Check # _____

Approved by: _____ Date: _____

Comments: _____