

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 # _____ Check # _____ Date Fee Received _____
--

Work Site Address: _____
ATTACH TWO (2) COPIES OF PLAN:

Owner's Name: _____

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

Telephone: _____ Fax: _____

Contractor: _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Cell Phone Number: _____

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: _____	

- 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).

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."

Print Applicant's Name: _____

Signature of Applicant: _____ Date: _____

TOWNSHIP USE ONLY:

Non-refundable Application Fee: \$ 50.00
 Non-refundable Inspection Fee (\$75 min.): \$ _____
 One Year Maintenance/Performance
 Deposit (\$500 min.): \$ _____
Total Amount Due: \$ _____

Approved by: _____ Date: _____

Comments: _____
