



**TOWNSHIP OF SOUTHAMPTON**

5 RETREAT ROAD  
SOUTHAMPTON, NJ 08088  
609-859-2736

**Application & Road Opening Permit**

AN ACCEPTABLE PLAN OR SKETCH AND INSURANCE CERTIFICATE MUST ACCOMPANY THIS APPLICATION  
CALL BEFORE YOU DIG: 1-800-272-1000

Assigned Dig # \_\_\_\_\_  
Date: \_\_\_\_\_

Application made by \_\_\_\_\_  
(Name) (Address) (Telephone)

On behalf of \_\_\_\_\_  
(Name) (Address) (Telephone)

For permission to make \_\_\_\_\_ openings on the \_\_\_\_\_ side of Township Road identified as \_\_\_\_\_  
At a point \_\_\_\_\_  
(Road Name) (Distance) (Direction)

from \_\_\_\_\_ N. S. E. W. \_\_\_\_\_  
(intersection Road, Street, or Stream) (feet) (Circle One) (From Pole No.)

Purpose of opening \_\_\_\_\_

Size of Opening \_\_\_\_\_  
(Length) (Width) (Depth) (Square Yards)

Location \_\_\_\_\_  
(Pavement, Shoulder, or Roadside & Surface Description eg: paved, gravel, etc.)

Minimum Insurance Satisfied as per Specifications \_\_\_\_\_  
(Company and Policy Number)

Name of Guarantor (Performance Guarantee) \_\_\_\_\_

Is opening within 500' of signalized intersection? \_\_\_\_\_ Approximate date of temporary patch \_\_\_\_\_; Final Patch \_\_\_\_\_

Supply two (2) 24 hour emergency telephone numbers and names of contractor employees who will be responsible for emergencies:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
(Name) (Number) (Name) (Number)

Accompanying this application is a non-refundable certified check – money order in the amount of \$ \_\_\_\_\_, being the application fee; amount of escrow fee determined by Engineer \$ \_\_\_\_\_.

1. The applicant shall notify the Township Engineer 24 hours in advance of any construction relative to this permit.
2. In the event of this application being granted, the undersigned agrees and acknowledges to conform with all the requirements of the specifications and fee schedule adopted by the Township of Southampton.
3. The owner shall agree as a condition of the issuance of a permit, that any facilities pipes, poles, etc., to be installed within the Township right-of-way pursuant to the permit shall be promptly relocated at the owner's expense as required by the Township Engineer of the Township of Southampton to accommodate the installation of Township facilities.

\_\_\_\_\_  
Signature of Applicant Signature of Owner Signature of Engineer

Remarks:

**WORK SHALL NOT COMMENCE UNTIL PERMIT IS ISSUED**

**MAKE 4 COPIES – ONE FOR EACH: APPLICANT, ENGINEER, CONSTRUCTION OFFICE, PUBLIC WORKS**