

ROAD OPENING APPLICATION

TOWNSHIP OF MOUNT LAUREL

Date of Application: _____

Name of Applicant: _____

Address: _____

Location of Opening: _____

Size of Opening: _____

Square Yards: _____

Date of Opening: _____

Jersey One Call Confirmation Number: _____
1-800-272-1000 for Utility Locations

Date of Permanent Repair: _____
(Minimum of 30 Days)

Person Making Permanent Repair

Name: _____

Address: _____

Telephone Number: _____

Signature of Applicant: _____

\$ _____ Permit Fee

\$ _____ Inspection Fee

\$ _____ Bond or
Refundable Deposit

\$ _____ Total Received

Permit Fee:

- A) Road openings – first five square yards: \$50.00
- B) Road openings – each additional five square yards: \$10.00
- C) Boring, tunneling, or driving under road: \$50.00

Inspection Fee:

- A) First 10 square yards – \$10.00
- B) Each Additional 10 square yards – \$2.00

Requirements When Applying:

- 1) Must have two (2) checks
 - a) Permit & Inspection Fee
 - b) Refundable Deposit
- 2) Permit from Traffic Safety (Police Department)
- 3) Small Drawing of Work to be Done

Date Permit Granted

Permit Granted By

Mount Laurel Township Police Department Road Opening – Traffic Control Permit (TCP)

Location:

Date(s) of Work:

Times of Work:

Name of Contractor:

Address: City: State: Zip:

Phone Number: Name of Site Supervisor:

Emergency Contacts (After Hours)

- 1)
- 2)
- 3)

RESTRICTIONS:

- Flagman
- Warning Signs
- Barricades
- Detours
- Compliance with MUTCD Part VI

Copy of Mount Laurel Township Ordinance given to Contractor

Approved

Denied

Reason: _____

Signature Date

Signature Date