

**Borough of Closter**  
**295 Closter Dock Road**  
**Closter, New Jersey 07624**  
**(201) 784-0600      ♦      Fax (201) 784-9721**

**Superintendent of Public Works**  
**(201) 784-0600 Extension 445**

**APPLICATION NO.** \_\_\_\_\_  
**PERMIT NO.** \_\_\_\_\_

**APPLICATION FOR STREET EXCAVATIONS** (as provided in Chapter 171  
"STREETS AND SIDEWALKS", Article VI "Street Excavations" of the CODE OF THE  
BOROUGH OF CLOSTER

**General Requirements:**

- I. Street opening permits shall be issued by the Borough Clerk after review and approval as provided in Chapter 171 and after all appropriate fees as determined by the Superintendent of Public Works as described in §171-40 and set forth in Chapter A301 "Fees and Deposits" have been paid.
- II. A Certificate of Insurance must be presented which shall provide limits of not less than \$1,000,000.00.
- III. Erection and maintenance of utility poles § 171-5 requires permit and Restoration Guaranty Deposit to be refunded upon proper and timely compliance as specified in § 171-10.
- IV. Applicant agrees to comply with all rules and regulations, laws, ordinances and resolutions relating to said work and the acceptance of permit shall be deemed an agreement to abide by all of its terms and conditions.

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Fax: \_\_\_\_\_

Individual, Firm or Corporation for whom excavation is to be: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Description of Work (width, length and depth): \_\_\_\_\_

Type of Road or Surface: \_\_\_\_\_

Anticipated Start and Completion Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant      Date

\_\_\_\_\_  
Signature of Owner      Date

Application Approved: \_\_\_\_\_  
Superintendent of Public Works      Date

Fee/Deposit/Guaranty to be collected as established by Superintendent of Public Works:

Application Fees      \$ \_\_\_\_\_  
Road Opening Fee      \$ \_\_\_\_\_

Security Deposit      \$ \_\_\_\_\_  
\_\_\_\_\_      \$ \_\_\_\_\_

Insurance Certificate received: \_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Date

Total Fee(s) Paid      \$ \_\_\_\_\_

Date \_\_\_\_\_

Permit Issued \_\_\_\_\_  
Date

\_\_\_\_\_  
Borough Clerk