



APPLICATION FOR ROAD OPENING/EXCAVATION
Bay Head Department of Public Works

214 Park Avenue
PO Box 248
Bay Head, NJ 08742
Phone: (732) 899-6782
Fax: (732) 899-6494

Application is made by: _____

Applicant's 24/7 Phone No. _____

Applicant's Email: _____

Applicant's Address: _____

By signing this application, I agree to perform all work under this permit in strict compliance with all codes and ordinances of the Borough of Bay Head and to indemnify and save harmless the Borough, its officers, agents and employees from any loss, injury or damage resulting from any negligence or fault of the Permittee, its agents, servants or employees or contractors in connection with the performance of any of the work covered by this permit.

Applicant's Signature: _____ Date: _____

Contractor's Name: _____

Contractor's 24/7 Phone No. _____

Contractor's Email: _____

Contractor's address: _____

Name of Person Supervising Work: _____

Location of Project: _____

Purpose for Opening: _____

Opening Sizes: Length: _____ Width: _____ Depth: _____ Square Feet: _____

Size of pipe, main or ducts being installed: _____

Start Date: _____ Completion Date: _____

Provide non-refundable application fee. Provide sketch of sufficient detail to enable a comprehensive review of the application. Provide cost performance guarantees, deposits and escrow. Provide required proof of insurance.

Approved: _____

Larry Gilman, Public Works Supervisor

Date: _____

SPECIAL CONDITIONS OF APPROVAL: