BOROUGH OF DEAL

(732) 531-1454 Fax: (732) 531-1705

APPLICATION FOR STREET OPENING PERMIT

Date of Application:	_	
Application is hereby made by:		
Name of company or individual		
Address of company or individual		
Phone Number		
To excavate a trench or opening at		
Size of trench	length (ft)	
	width (ft)	
Type of utility (gas, water, sewer, etc.)		-
Address or Block/Lot utility is to ser	vice	
Address of Blocks Let diffity is to ser		
Date work to commence		
Approximate date of completion		
Name of Contact Person		
Phone Number	Cell Number	
Fax Number	E-mail	
		.
Signature of applicant or agent		Date
* \$50 minimum application fee and \$50 minimum application sketch or dra ***Approval required by Municipal Clerk, P	wing with dimensions/distances a olice Department and Departmen	t of Public Works required.
	be filled out by Clerk's Office)	
Application Approved Date	Permit Numl	ber
Approvals:	·	* ;
Police Signature	Name	Date
DPW Signature	Name	Date
Clerk Signature	Name	Date
Notes		