

# APPLICATION FOR EXCAVATION OF ROADS

TOWNSHIP OF GALLOWAY  
PUBLIC WORKS DEPARTMENT  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NEW JERSEY 08205  
(609) 652-3700 EXT. 255

DATE \_\_\_\_\_

## APPLICANTS REQUIREMENTS:

1. A detailed diagram must be attached with this permit.
2. Inspections must be set up by appointment 24 hours in advance.
3. Infrared restoration is required on roads 5 years old or less.
4. If County or State road, a road opening permit is required from such agencies.
5. It is the law to call 1-800-272-1000 before any digging is done.

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

Address of Applicant \_\_\_\_\_

Name & Address of Contractor (if different) \_\_\_\_\_

Location of Excavation \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Estimated date of commencement \_\_\_\_\_ Completion \_\_\_\_\_

## SIZE OF TRENCH OPENING

UP TO 20 L.F. \_\_\_\_\_

21 L.F. - 40 L.F. \_\_\_\_\_

41 L.F. - 100 L.F. \_\_\_\_\_

101 L.F. - 250 L.F. \_\_\_\_\_

251 L.F. - 1,000 L.F. \_\_\_\_\_

1,001 L.F. & OVER \_\_\_\_\_

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## OFFICIAL USE ONLY

Permit # \_\_\_\_\_ Fee \_\_\_\_\_

Date Received \_\_\_\_\_ Bond \_\_\_\_\_

Age of Road \_\_\_\_\_ Is Infrared restoration required?  Yes  No  
(In location of excavation)

## PRELIMINARY APPROVAL:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## FINAL APPROVAL:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_