

Township of Jackson
Application
Road Opening Permit

Applicants please note: This is an Application only. It is not a Road Opening Permit.

Date: _____

Application Made By: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Contractor: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Road Opening Location: _____
(Please give details, i.e. roads, distances)

_____	_____	_____
_____	_____	_____

Purpose of Road Opening: _____

Start Date: _____ End Date: _____

Size of Opening:

_____ Feet Width (Maximum) x _____ Feet Length (Maximum)
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Application Fee (non-refundable): \$ _____

Bond Amount (to be returned upon final acceptance): \$ _____

The applicant acknowledges and understands that all work performed under the terms and conditions of this permit shall be in accordance with the Jackson Township Code ***Part II: General Legislation, Chapter 372 "Streets and Sidewalks", Article III "Street Openings".***

Applicant's Signature: _____

Date: _____

Return Application to Public Works Office or email to: recycling@jacksonwpnj.net