



Town of Newton

Street Opening Permit APPLICATION

Applicant's Name: _____ Phone #: _____

Applicant's Address: _____

Location of Work: _____ Purpose of Excavation: _____

Contractor: _____ Contractor Address: _____ Phone #: _____

Nature of Street Surface: _____ Length of Opening: _____ L.F.

• A CONSTRUCTION PERMIT MAY BE DEEMED NECESSARY IN RELATION TO A NEW GAS SERVICE •

Work to Begin: _____ Work to be completed by: _____

NJ ONE CALL #: _____ (PROVIDE CONFIRMATION COPY WITH APPLICATION)

Person to contact in an Emergency: _____ Phone number - Office: _____ Cell: _____

• I certify that I have received and read Chapter 266 of the Revised General Ordinances and will abide by all the provisions of that Chapter as applicable. If the Bond has been waived because the Applicant is a Public Utility, I understand the Town shall be held harmless from all loss, damage, claim or expense as a result of issuing this permit.

Signed: _____ Printed Name: _____

Email: _____ Best contact phone number: _____

Fee: \$100.00 Cash Check # _____ Received by: _____ Date: _____

Bond Filed: _____ Waived: _____ Supervisor approval: _____ Date: _____
Adam Vough, Assistant Supervisor

Sent to applicant: _____ via: _____

Initial & Date:

Pre-Inspection: _____ Post Work Inspection: _____ 6 month: _____ 12 month: _____

Newton Police Department Use Only

Approval required by the Newton Police Department prior to any work commencing

Contractor may supply traffic control Police presence required Verbal Date/Time: _____

****Please call: (973) 383-2525 ext: 270**

to coordinate traffic control with Lt. Michael Wolanski

Police Approval: _____

Signature of Authorized Officer