

Stafford Township Road Opening Application and Permit

Right-of Way Management

***Date:** _____ **Application #** 20__ - _____ **(Office use Only)**

***Applicant:** _____

***Address** **Street** _____ **City** _____
State _____ **Zip** _____

***Emergency Contact** ***Name** _____
***Phone Number** ***Days** _____ ***Nights/Weekends** _____

Job Name _____ ***Street Location** _____

***Purpose of Street Opening** _____

***Length of Opening** _____ ***Anticipated Sq. Footage of Disturbance** _____

***Start Date** _____ **(All work must be concluded within 45 days from this date or request extension)**

*** Required for Approval**

Road Opening Fee Schedule	Fee Received	Cash	Ck #
First 500 Feet	_____ Feet @ \$3.00 per foot =	_____	_____
Each foot over 500 feet	_____ Feet @ \$1.00 per foot =	_____	_____
Total Permit Fee		_____	_____
*Minimum Permit Fee is \$25.00 for any opening less than 10 feet in length. \$150.00 for any opening more than 10 feet in length			
Restoration Bond			
Unimproved Road Surface	_____ Feet @ \$1.25 per foot =	_____	_____
Improved Road Surface	_____ Feet @ \$3.25 per foot =	_____	_____
Concrete Pavement & Foundation	_____ Feet @ \$6.00 per foot =	_____	_____
Minimum Restoration Bond Amount is \$500.00			

By Issuance of this Permit, neither the Township of Stafford nor any of its offices, agents, or employees make any representation of warranty, neither express or implied with respect to the permit described above.

Approved By _____ Date _____
 Superintendent of Public Works

Approved By _____ Date _____
 Municipal Clerk

cc: Traffic Safety Public Works Engineer Community Development Water and Sewer Applicant

Additional Information

Submit Verification from Planning or Zoning Board that all requirements have been met if this Street Opening is in connection with an approved project by one of these Boards.

The applicant must submit an application to the Ocean County Soil Conservation District for a determination as to whether a permit needs to be issued or not. This determination must be presented to the Township either in the form of a permit or a letter of no interest.

24 hour advance notice of the start of work must be given to the Traffic Safety Bureau of the Stafford Township Police Department, the Stafford Township Department of Public Works, and the Township Engineer's Office.

You must include a copy of the plan showing the location and type of work to be done.

You must submit a copy of the required insurance certificate naming Township of Stafford, its Employees and agents as additional insured for all work associated with this permit.

It is the applicant's responsibility to comply with Stafford Township Code, Chapter 187, Entitled Streets and Sidewalks.

You can view Chapter 187, Streets and Sidewalks of the Stafford Township Code online

www.twp.stafford.nj.us

Stafford Township Contacts

Stafford Township Department of Public Works
 Stafford Township Municipal Clerk
 Stafford Township Traffic Safety Bureau

609-597-1000 extension 8609 or 8556
 609-597-1000 extension 8512
 609-597-1000 extension 8251

COLOR CODE FOR MARKING UNDERGROUND UTILITY LINES

	ELECTRIC
	GAS-OIL-STEAM
	COMMUNICATION CATV
	WATER
	SEWER
	PROPOSED EXCAVATION

TIMEFRAME MATRIX

MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.	MON.	TUES.	WED.	THUR.	FRI.
CALL-	MARKOUT	MARKOUT	MARKOUT	DIG							
	CALL-	MARKOUT	MARKOUT	MARKOUT	DIG*	DIG*					
		CALL-	MARKOUT	MARKOUT	*	*	MARKOUT	DIG			
			CALL-	MARKOUT	*	*	MARKOUT	MARKOUT	DIG		
				CALL-	*	*	MARKOUT	MARKOUT	MARKOUT	DIG	
					CALL-		CALL-	MARKOUT	MARKOUT	MARKOUT	DIG
						CALL-	CALL-	MARKOUT	MARKOUT	MARKOUT	DIG

811 Know what's below.
Call before you dig.
 or
1-800-272-1000

**NEW JERSEY ONE CALL
 CALL FOR FREE MARKOUTS
 3 FULL DAYS BEFORE YOU DIG**

- Contractors option to dig on Saturday or Sunday
- Holidays and Saturdays/Sundays do not count in three business days allowed for markout.
- Any request received at One-Call Center on Holiday or Weekend is considered requested the next business day.