

BOROUGH OF PINE HILL

Pine Hill Borough Municipal Building
45 S. 7th Avenue
Pine Hill, NJ 08021
Phone: (856) 783-7400 / Fax: (856) 783-5388

APPLICATION FOR ROAD OPENING PERMIT

Date: _____

Applicant:

Name: _____
Address: _____
Phone: _____ Fax: _____
Contractor: _____
Address: _____
Phone: _____ Fax: _____

Work Location:

Block: _____ Lot: _____
Address: _____
Purpose: _____
Sewer Permit # _____
Water Permit # _____

Please supply 3 copies of plans showing location and dimensions of proposed work.

Anticipated Date of Opening: _____

Anticipated Date of Completion: _____

A 48-hour notice to the Public Works Department is required before excavation can begin. Failure to make notifications may impact approvals and deposits. Should Police be required, those arrangements are the responsibility of the Applicant. Please contact the Police Department at (856)783-1549.

Deposit/Escrow funds must be paid via cash or certified check made payable to Borough of Pine Hill

Applicant Signature

Borough Use Only:

Permit # _____
Drawings/Plans Submitted: _____
Certificate of Insurance: _____
Traffic Control Plan: _____
Police Required: _____

Size of Opening: _____
Permit Fee: \$ _____
Deposit: \$ _____
Additional Fees Assessed:
Opening Larger than Permit: \$ _____
Re-Inspection Fee: \$ _____
Restoration Fee: \$ _____

Borough Administrator

	Date	Approved by	Inspected by	Deposit Returned
Temporary Repair	_____	_____	_____	Amount: \$ _____
Re-Inspection	_____	_____	_____	Date Returned _____
Permanent Repair	_____	_____	_____	
Re-Inspection	_____	_____	_____	
Final Inspection	_____	_____	_____	
Re-Inspection	_____	_____	_____	