

BOROUGH OF PINE HILL

Pine Hill Borough Municipal Building
45 West 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 # _____

Project Cost _____

Anticipated Date of Opening: _____

Anticipated Date of Completion: _____

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

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	_____	_____	_____	