

**APPLICATION FOR STREET OPENING
AUDUBON, NJ**

APPLICATION IS HEREBY MADE BY: _____

DATE: _____

NAME: _____

DEPARTMENT: _____

ADDRESS: _____

TELEPHONE: _____

FOR A STREET OPENING AT: _____

LOT: _____

BLOCK: _____

EXCAVATION FOR PURPOSE OF: _____

SIZE/SQUARE FOOTAGE: _____

PROPOSED START DATE: _____

PROPOSED COMPLETION DATE: _____

WORK TO BE PERFORMED BY: _____

UTILITY MARKOUT REQUEST NUMBER: _____

TASK NUMBER: _____

VERBAL AGREEMENT: _____

BY: _____

PHONE: _____

VERBAL PERMIT NO: _____

PERMIT FEE: _____



PERMIT AUTHORIZED BY: _____