COUNTY OF ATLANTIC DEPARTMENT OF REGIONAL PLANNING AND DEVELOPMENT DIVISION OF ENGINEERING P.O. BOX 719, ROUTE 9 AND DOLPHIN AVENUE, NORTHFIELD, NJ 08225 609-645-5898

APPLICATION FOR UTILITY OPENING

The required fee must accompany this application either by money order or check made payable to "Treasure of Atlantic County". Cash is not acceptable. NOTE: FEES ARE NOT REFUNDABLE

Original and Two Copies Required. Print or Type

	SS				
0	(Street)	(City)		(State)	(Zip Code)
Co-Applicant (Contractor)				
Telephone					
Mailing Addres	SS				
	(Street)	(City)		(State)	(Zip Code)
		2)			
Location	Nearest Intersection or Othe	er Existing Distinct Landmarks, Give	Street Number if Possible)		
For the Purpose		allation of Gas or Water, Test Holes,			
Width	Length	Depth	Square Feet		
Work Will Be S	Started On	Con	mpleted On		
Remarks and C	comments				
Atlantic, as well as a		ons contained in the Ordinance gove esolutions relating to said work and ons.			
Signed by Appl	icant		Date		
Print or Type N	Jame				
Signed by Co-A	pplicant		Date		
Print or Type N	lame				
	ed permission to make an op lan attached and regulations	bening in the County Right Of Way a spertaining thereto.	nd perform work and install fac	ilities the	erein, in

COUNTY ENGINEER

THIS PERMIT IS EFFECTIVE FOR TWO (2) YEARS AFTER THE DATE OF ISSUANCE

DEPARTMENT USE ONLY

Permit #	Permit Fee	DRC #	
	\$		
Municipality	Check #	Surety	
		\$	
CR#	Date Received	Insurance	
Road Name	Date Complete	Maintenance Period: (YEARS)	
		Two (2) \Box Five (5) \Box	

DATE

FORM CE-102 3/10