

**APPLICATION FOR  
UTILITY ROAD OPENINGS**

**TOWN OF HAMMONTON**  
100 CENTRAL AVENUE  
HAMMONTON, NJ 08037  
(609) 567-4300

DATE \_\_\_\_\_

**APPLICANTS REQUIREMENTS**

1. A detailed diagram must be attached with this permit in triplicate.
2. If more than one hole opening is requested, a complete list of each hole opening and size of opening must be attached with permit.
3. Inspections must be set up with Town Engineer.
4. Openings must be secured following the guidelines listed in Chapter 247 9-23 of the Town of Hammonton Municipal Code.
5. If County or State road, a road opening permit is required from such agencies.
6. It is the law to call 1-800-272-1000 or 811 **BEFORE** any digging occurs.
7. PERMIT IS GOOD FOR 180 DAYS FROM START DATE.

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

**MANDATORY**

Name of Contractor \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
Address of Contractor \_\_\_\_\_  
Location of Excavation \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_

Estimated Date of Commencement \_\_\_\_\_  
Estimated Date of Completion \_\_\_\_\_

- \_\_\_\_ Installation of a Service  
\_\_\_\_ Installation of a Main/Main Renewal  
\_\_\_\_ Installation of Directional Boring or Cable  
(Check all that apply)

**TRENCH OPENING**

**IN PAVEMENT AND OUTSIDE OF PAVEMENT**

BASE APPLICATION FEE \_\_\_\_\_ \$250.00  
Number of Opening \_\_\_\_\_ X \$75.00 per opening Total \_\_\_\_\_  
Total Application Fee \_\_\_\_\_

**DIRECTIONAL BORING OR CABLE INSTALLATION**

BASE APPLICATION FEE \_\_\_\_\_ \$250.00  
Linear Feet \_\_\_\_\_ X .50 cents per foot Total \_\_\_\_\_  
Total Application Fee \_\_\_\_\_

APPLICATIONS FOR BOTH TRENCH OPENINGS AND BORINGS REQUIRE ONLY ONE APPLICATION FEE

The applicant, upon securing said permit, agrees that the Town of Hammonton will be saved harmless from any and all claims of any nature arising out of the construction of road and street opening work covered by said permit and further that the Town of Hammonton, in issuing said permit, shall not assume liability in connection therewith. In the event of any suit or claim against the Town by reason of the negligence or default of the permittee or for any other reason directly or indirectly attributable to the permittee's work, upon the Town's giving written notice to the permittee of such suit or claim, any final judgment against the Town requiring it to pay for such damage shall be conclusive upon the permittee, and the permittee shall be liable for the Town's costs in connection with such suit.

The applicant is attesting they have read Ordinance #008-2015 Specifications for Restoration sections 247-14, 247-19, 247-20, 247-21, Ordinance #012-2017 sections 247-13, 247-23 and Ordinance #012-2018 sections 247-14, 247-20.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Contractor

**Any changes to this application will result in an additional \$250.00 Base Fee**

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**OFFICIAL USE ONLY**

Amount of escrow to be posted prior to issuance of permit: \_\_\_\_\_  
Amount of escrow to be held for two (2) years from completion of project: \_\_\_\_\_  
Permit # \_\_\_\_\_ Fee: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Bond: \_\_\_\_\_  
Age of Road: \_\_\_\_\_

Is road under moratorium? \_\_\_ Yes \_\_\_ No  
Is Infrared restoration required? \_\_\_ Yes \_\_\_ No  
(In Location of Excavation)

\*The onus is on the applicant to make a written request for release of escrow no sooner than two (2) years from the engineer's first site inspection, upon project completion.  
Contractor must notify all of the below listed prior to commencing work.

CC: Department Head of Public Works, PWM/BA, Engineer, Police

INITIAL /EMERGENCY OPENING:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PRELIMINARY INSPECTION:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FINAL INSPECTION:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/ 5/1996

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	NAME OF INSURANCE COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

SAMPLE CERTIFICATE USE OF  
HAMMONTON POLICE PERSONNEL

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL-OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				NJ STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

PURPOSE OF CERTIFICATE - USE OF HAMMONTON POLICE PERSONNEL  
 \* IF POLICY CONTAINS AN AGGREGATE LIMIT, THE MINIMUM AGGREGATE LIMIT MUST BE \$2,000,000. THE TOWN OF HAMMONTON IS ADDED AS ADDITIONAL INSURED FOR BOTH GENERAL LIABILITY & AUTOMOBILE LIABILITY

### CERTIFICATE HOLDER

TOWN OF HAMMONTON  
 100 CENTRAL AVE  
 HAMMONTON, NJ 08037

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

### AUTHORIZED REPRESENTATIVE