

ROAD OPENING APPLICATION
TOWNSHIP OF MOUNT LAUREL

Date of Application _____

Name of Applicant _____

Address _____

Location of Opening _____

Size of Opening _____

Square Yards _____

Date of Opening _____

Jersey One Call Conformation Number _____

1-800-272-1000 for Utility Locations

Date of Permanent Repair _____

(Minimum of 30 Days)

Person Making Permanent Repair

Name _____

Address _____

Telephone Number _____

Signature of Applicant _____

\$ _____ **Permit Fee**

\$ _____ **Inspection Fee**

\$ _____ **Bond or
Refundable Deposit**

\$ _____ **Total Received**

_____ **Date Permit Granted**

_____ **Permit Granted By**

Requirements When Applying:

1. **Must have two (2) checks**
 - a. **Permit & Inspection Fee**
 - b. **Refundable Deposit**
2. **Permit from Traffic Safety (Police Department)**
3. **Small Drawing of Work to be Done**