

Permit Requirement Checklist

Explanation of all backfill and concrete specifications (see reverse side of permit). Or see attached details in your permit package.

Applicant must obtain a underground utility mark out reference number(s) CALL BEFORE YOU DIG (1-800-272-1000).

Work being done inside signalized intersections requires that the Traffic Section be notified by the Contractor so print of intersection can be obtained (Traffic Maintenance Section (973) 293-3366, extension 2330).

Local Police should be contacted for traffic control 48 hours in advance (if road is to be closed a traffic control print showing detour is to be submitted for approval by the County Engineer). All County, NJDOT and OSHA standards, rules and regulations are to be adhered to (Mandatory).

Inspection Section is to be **notified twenty-four (24) hours in advance of working the County right-of-way. Jobs are NOT to start on FRIDAYS or HOLIDAYS unless an emergency situation. Working Hours are from 9:00am to 3:00pm unless stated otherwise by the Essex County Engineer. Office hours 8:00am to 4:00pm Mon. to Fri. Call 973-226-8500 x2480/2590 for further information and an appointment.**

YOU MUST BE A LICENCED AND REGISTERED CONTRACTOR WITH THE STATE OF NEW JERSEY

- Certificate of Insurance naming “County of Essex” as additional insured, coverage to be at least One Million Dollars in Liability. And location of job site.
- Emergency phone numbers (**Home, Mobil & Office numbers**) of at least two separate people to be obtained.
- Planning Board approval letter to be obtained prior to issuance of permit (**parking lots and Commercial Developments require Essex County Planning Board Approval**).
- Roads resurfaced within the “**PAST FIVE (5) YEARS**” require a letter of approval from the County Engineer prior to issuance of permit.
- Explanation of all inspection fees for Site Plans , Sub-Divisions and or all construction projects.
- Applicants Name mailing address and all contact numbers and information.
- Address of where Performance Guarantee is to be returned.
- Checks are to be Bank Certified or Money Orders Payable to the “County of Essex” (permit fee and Inspection fees are to be included in one check). \$100.00 permit fee and \$100.00 per inspection fees. Performance Guarantees are to be in a separate Bank Certified Check or Money Order.
- Explanation of Letter of Credit to be approved by County Counsel prior to issuance of permit.
- Explanation of how long P.G. money will be held. (**All Performance Guarantees can be held up to one year after total completion of work in the Essex County right-of-way**). **All performance guarantees are 100% refundable as long as all work performed is satisfactory and passes final inspection.**
- **A W-9 form will be required for any project over \$5,000. If a Letter of credit is submitted a W-9 is not required.**

**Planning Board approved projects shall be 6% of the entire project and a Engineers estimate will be required.*

Driveway Information

Driveway widening needs to be looked at in the field by the Inspector for approval prior to issuance of permit and approval by the County Engineer.

*Brand new driveways to access Essex County roads need plans submitted for review prior to issuance of any permits. 100` frontage is required for a double driveway unless approved by the Essex County Engineer. By law you must be able to egress your driveway front first you cannot back out into a county highway.

**(For additional information please see attached Permit rules, regulations and requirements in your permit package.)*



COUNTY OF ESSEX
DEPARTMENT OF PUBLIC WORKS

DIVISION OF ENGINEERING
900 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044-1393

☎ (973) 226-8500 Ext. 2480/2590
☎ (973) 226-8507



JOSEPH N. DiVINCENZO, JR.
COUNTY EXECUTIVE
Sanjeev Varghese, P.E., P.P.
Director/County Engineer

Dennis R. Sedaille
Luis Rodriquez
Assistant County Engineers

Permit and Inspection Section

Attention to all Permit Applicants!; As of this date Thursday January 22nd of 2009 The Essex County Board of Chosen Freeholders Passed A new Resolution/Ordinance 09-0008 , 09-0007 and 09-0029 approving the Essex County Permit Dept. and Planning Board to Increase its rates to help offset the rising cost of roadway Infrastructure Improvement projects and/or restoration cost.

BE IT ORDAINED, by the Essex County Board of Chosen Freeholders as follows;
That the County's Schedule of fees and rates for road opening and storage permits shall be amended to be as follows .

- **Permit Fee -** **\$ 100.00 ECH.**
- **Opening of bituminous or concrete pavement /stabilized base -** **\$ 200.00 S.Y.**
- **Opening of earth shoulder -** **\$ 500.00 ECH.**
- **Storage in right-of-way, First fifteen days or portion thereof -** **\$ 100.00 ECH.**
- **For Additional 15 Days or portion thereof -** **\$ 90.00 ECH.**
- **Skim patching of disturbed area -** **\$ 150.00 S.Y.**
- **Inspection fee -** **\$ 100.00 ECH.**

Refundable Performance Guarantees are still required to ensure and to protect Essex County from unacceptable repairs. The Minimum is **\$250.00**; The Maximum will vary according to the Scope of work performed in Essex County right of way . No less than \$250.00 and no more than \$5,000 on none planning board approved projects. Planning Board approved projects shall be 6% of the entire project and a Engineers estimate will be required.



**COUNTY OF ESSEX
DEPARTMENT OF PUBLIC WORKS**

Permit No. D-

DIVISION OF ENGINEERING
900 BLOOMFIELD AVENUE
VERONA, NEW JERSEY 07044-1393

Inspection Enforcement/ Permit Section (973) 226-8500, ext. 2480 / 2590
FAX- (973) 226-8507

PRELIMINARY PERMIT APPLICATION INFORMATION FORM

DATE:

Name/Address of Owner / Contractor:		
Job site Address:		
Cross St.:		Town:
Phone #s:	Home#:	Work#:
Cell#:		
Name and Address to whom Performance Guarantee is to be returned to:		
Description of work to be done within Essex County right-of-way:		
Start date:		Finish date:
Type of Pavement:		Size of road opening:
Length of curb:	length of sidewalk:	Apron width:
Type of utility:	Depth:	Backfill spec: DGA, 10" I-2 base , 2" I-5 top
Utility mark-out reference No.		
NEW MARKOUT REQUIRED IF ISSUE DATE IS OLDER THAN TEN (10) DAYS - CALL BEFORE YOU DIG! 1-800-272-1000		
Certificate of insurance naming "COUNTY OF ESSEX" as additional y insured and the Job location.		
Minimum insurance coverage is One Million Dollar Liability for excavations and Five Hundred Thousand Dollar liability for dumpster placement. You must call your Insurance co. and have them fax to 973-226-8507 a copy of your policy		
ALL CHECKS MUST BE BANK CERTIFIED OR MONEY ORDER AND PAYABLE TO "COUNTY OF ESSEX"		
ADDITIONAL REQUIREMENTS		
YOU MUST BE A LICENSED AND REGISTERED CONTRACTOR WITH THE STATE OF NEW JERSEY		
Dumpster/ Containers must be 60' from a corner or intersection must not impede traffic or cause a traffic hazard.		
Working hours are 9:00am to 3:00 pm unless special permission is granted by the Essex County Engineer.		
This permit will become null and void unless work is started within 30 days of date issued.		
The Performance Guarantee will be returned at the end of project and upon Inspectors approval. We Can hold up to 1 yr.		
Check 1 #	Check 2 #	Money order #
PERMIT FEE: \$100.00 PERFORMANCE GUARANTEE: INSPECTION FEES: \$		
TOTAL AMOUNT RECEIVED: \$.....DATE:.....		

**ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS
900 BLOOMFIELD AVE. VERONA N.J. 07044**

**PERMIT REQUIREMENTS FOR
DUMPSTERS / CONTAINERS ON COUNTY ROADWAYS:**

<u>STORAGE FEE</u>, first fifteen days or portion thereof:	<u>\$100.00</u>
For each Additional month or portion thereof =	<u>\$90.00</u>
<u>PERMIT FEE:</u>	<u>\$100.00</u>
<u>PREPAID INSPECTION FEE:</u>	<u>\$100.00</u>
TOTAL:	<u>\$300.00</u>

Make money orders or certified checks payable to Essex County Department of Public Works.

Make out a separate money order or certified check to Essex County Department of Public Works for a refundable deposit for \$500.00 (after final inspection).

All applicants must provide the following:

- 1. Insurance indemnifying Essex County as additional insured for \$500,000.00**
- 2. No closer than 25' from corner of intersection.**
- 3. Must have reflectors on it (as per N.J.D.O.T. Standards & Specifications) – cones and/or barrels acceptable.**
- 4. Permit must be displayed either on the dumpster in protective covering or in the window of the address the permit was applied under.**
- 5. Above fees are to be in certified check or money order payable to the Essex County Department of Public Works. No cash or personal checks accepted.**

Additional Notes:

- A. Essex County would prefer that the dumpster / container be located off the county roadway.**
- B. A permit may still be needed for transport of hazardous or toxic materials even when off of the county right-of-way. It will have to show the transportation routes it will travel.**

If you have any questions, please feel free to contact Permit Coordinator at (973) 226-8500, extension 2480/2590.

Sanjeev Varghese P.E.,P.P. Director / County Engineer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER YOUR INSURANCE AGENCY AND THEIR COMPLETE ADDRESS HERE	THIS CERTIFICATION 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED YOUR COMPANY AND COMPLETE ADDRESS HERE	INSURER A: INSURANCE COMPANY HERE	NAIC #
	INSURER B: INSURANCE COMPANY HERE	NAIC #
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY # HERE	DATE	DATE	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED EQUIPMENT (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/OP AGG \$ 1,000,000.00								
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY # HERE	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000.00 BODILY INJURY (Per person) \$ 1,000,000.00 BODILY INJURY (Per accident) \$ 3,000,000.00 PROPERTY DAMAGE (Per accident) \$ 1,000,000.00								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY # HERE	DATE	DATE	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000.00</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000.00	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

COUNTY OF ESSEX IS NAMED AS AN ADDITIONAL INSURED - ATIMA

PROJECT LOCATION: INSERT PROJECT ADDRESS/INTERSECTION

CERTIFICATE HOLDER COUNTY OF ESSEX 900 BLOOMFIELD AVENUE VERONA, NJ 07044	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

SAMPLE COPY

County of Essex
Department of Public Works
900 Bloomfield Avenue

Attn: Division of Engineering

Verona, New Jersey 07044

Gentlemen/Ladies:

Please be advised that _____ has established the Irrevocable Letter of Credit No. _____ in favor of the County of Essex, on behalf of _____ in the amount of \$ _____ to insure the satisfactory restoration of the street in front of the _____ at _____, New Jersey, This amount is available by your sight draft(s) on us bearing our Letter of Credit No. _____, accompanied by:

- 1) A statement signed by two purported authorized officials of the County of Essex, reading as follows:
" _____ has not satisfactorily completed the street restoration at _____, New Jersey."
- 2) A list of considered unsatisfactory items. Partial drawings are permitted hereunder.

This Letter of Credit expires on _____

This Letter of Credit is subject to the Uniform Customs and practice for Documentary Credits (1/1/94 Revision), International Chamber of Commerce, Publication No. 500.

We hereby engage with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored on due presentation to us at our office located at _____ New Jersey, Attention, _____, Assistant Vice President, Commercial Loan Department on or before the expiration date hereof.

Letter of credit must be good for 3 years from date issued

Very truly yours,

and must be issued by a New Jersey Bank

Senior Vice President

SAMPLE