



**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:**

<b>Name/Address of Owner / Contractor:</b>		
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:	Size of road opening:
Type of Pavement:		
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.		
<i>NEW MARKOUT REQUIRED IF ISSUE DATE IS OLDER THAN TEN (10) DAYS - CALL BEFORE YOU DIG! 1-800-272-1000</i>		
Certificate of insurance naming "COUNTY OF ESSEX" as additional y insured and the Job location.		
Minimum insurance coverage is <b>One Million Dollar</b> Liability for excavations and <b>Five Hundred Thousand Dollar</b> liability for dumpster placement. You must call your Insurance co. and have them fax to 973-226-8507 a copy of your policy		
<b>ALL CHECKS MUST BE BANK CERTIFIED OR MONEY ORDER AND PAYABLE TO "COUNTY OF ESSEX"</b>		
<b>ADDITIONAL REQUIREMENTS</b>		
<b>YOU MUST BE A LICENSED AND REGISTERED CONTRACTOR WITH THE STATE OF NEW JERSEY</b>		
<b>Dumpster/ Containers must be 60' from a corner or intersection must not impede traffic or cause a traffic hazard.</b>		
<b>Working hours are 9:00am to 3:00 pm unless special permission is granted by the Essex County Engineer.</b>		
<b>This permit will become null and void unless work is started within 30 days of date issued.</b>		
<b>The Performance Guarantee will be returned at the end of project and upon Inspectors approval. We Can hold up to 1 yr.</b>		
Check 1 #	Check 2 #	Money order #
<b>PERMIT FEE: \$100.00    PERFORMANCE GUARANTEE: .....    INSPECTION FEES: \$ .....</b>		
TOTAL AMOUNT RECEIVED: \$.....DATE:.....		