



6 PROSPECT STREET, FAR HILLS, NJ 07931
T. 908.234.0611 F. 908.234.0918
WWW.FARHILLSNJ.ORG

STREET EXCAVATION PERMIT APPLICATION

PER ORDINANCE – 2010-12

Applicant Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contractor/Name of Person doing the work: _____

Address: _____ State: _____ Zip: _____

Cell: _____ Company Phone: _____

Purpose of Excavation: _____

Location of Excavation : _____ Excavation: Length: _____ Width: _____

Confirm location is physically located in the Borough of Far Hills, not just a mailing address

Start Date: _____ Completion Date: _____

Applicant Signature: _____ Date: _____

APPLICATION CHECK LIST

- Complete and sign application
- Provide Certificate of Insurance naming the Borough of Far Hills as an “Additional Insured” as well as including a Waiver of Subrogation that applies in favor of the Borough of Far Hills
- Attach (2) two copies of location diagram

FOR OFFICIAL USE ONLY

ESTIMATED RESTORATION COST: _____ Engineering (10% but not less than \$100): _____ Inspection Fee: _____

Performance Surety: _____ Maintenance Bond: _____

BOROUGH ENGINEER: _____ DATE: _____ APPROVED DENIED