



BOARD OF  
COUNTY COMMISSIONERS

COUNTY OF GLOUCESTER  
STATE OF NEW JERSEY

DIRECTOR  
Frank J. DiMarco

COMMISSIONER LIAISON  
Matthew Weng



DEPARTMENT OF PUBLIC WORKS  
OFFICE OF THE COUNTY  
ENGINEER

**Barry C. Beckett, P.E.**  
County Engineer

OFFICES OF GOVERNMENT  
SERVICES  
1200 N. DELSEA DRIVE  
CLAYTON, NJ 08312

Phone: 856-307-6600  
Fax: 856-307-6606  
bbeckett@co.glooucester.nj.us  
[www.glooucestercountynj.gov](http://www.glooucestercountynj.gov)

The County of Gloucester complies with all state and federal rules and regulations against discrimination in admission to, access to, or operations of its programs, services, and activities. In addition, County encourages participation of people with disabilities in its programs and activities and offers special services to all residents 60 years of age and older. Inquiries regarding compliance may be directed to the County's ADA Coordinator at (856) 384-6842/ New Jersey Relay Service 711.

## CHECKLIST FOR ROAD OPENING PERMITS

### Gloucester County Public Works, Highway Division

#### MAJOR & MINOR DEVELOPMENTS

- TWO (2) APPROVED & SIGNED PLANS FROM PLANNING DIVISION, WITH REPORT OF ACTION
- CERTIFICATE OF LIABILITY INSURANCE (COVERAGE NO LESS THAN \$1 MILLION) WITH THE COUNTY LISTED AS A CERTIFICATE HOLDER.
- COMPLETED APPLICATION
- PERFORMANCE BOND (POSTED WITH PLANNING)
- FEE (NON-REFUNDABLE – CALCULATED DURING PERMIT REVIEW)
- NJDOT COMPLIANT TRAFFIC CONTROL PLAN

#### RESIDENTIAL DRIVEWAYS & UTILITY OPENINGS

- TWO (2) DETAILED PLOT PLANS WITH DRIVEWAY OR OPENING DESIGNATED
- CERTIFICATE OF LIABILITY INSURANCE (COVERAGE NO LESS THAN \$1 MILLION) WITH THE COUNTY LISTED AS A CERTIFICATE HOLDER.
- COMPLETED APPLICATION
- PERFORMANCE BOND – (CALCULATED DURING PERMIT REVIEW)
- FEE – (NON-REFUNDABLE – CALCULATED DURING PERMIT REVIEW)
- REPORT OF ACTION FROM THE COUNTY PLANNING BOARD (WHEN APPLICABLE)
- NJDOT COMPLIANT TRAFFIC CONTROL PLAN (WHEN APPLICABLE)

**NO PERMIT WILL BE ACCEPTED UNLESS ABOVE REQUIREMENTS ARE MET. WE DO NOT ACCEPT ELECTRONIC SUBMISSIONS.**

**ANY QUESTIONS REGARDING THE ABOVE MAY BE DIRECTED TO THE PUBLIC WORKS DEPARTMENT, HIGHWAY DIVISION AT 856-307-6400.**



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**CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS  
FOR THE HIGHWAY PERMIT DIVISION  
\$1,000,000.00 POLICY**

**MAY SUBMIT CERTIFICATE OF LIABILITY INSURANCE FROM  
THE CONTRACTOR NAMING THE COUNTY AS  
CO-HOLDER WITH THE FOLLOWING ADDRESS**



**COUNTY OF GLOUCESTER  
BOARD OF COUNTY COMMISSIONERS  
ITS DEPARTMENTS AND AGENCIES  
PO BOX 337  
WOODBURY, NJ 08096  
ATTN. – HIGHWAY PERMIT DEPARTMENT**

DEPARTMENT OF PUBLIC WORKS  
OFFICE OF THE COUNTY  
ENGINEER

**Barry C. Beckett, P.E.**  
County Engineer

**IF YOU HAVE ANY QUESTIONS CONCERNING THE INSURANCE  
CERTIFICATES PLEASE CONTACT  
PHONE # 856-307-6400  
FAX # 856-307-6606**

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## **GLOUCESTER COUNTY HIGHWAY DIVISION PERMIT ADDENDUM**

This permit becomes null and void if work or construction authorized is not commenced within **180** days at any time after work is commenced. Renewal of Permits will be on a case by case basis. The Applicant must produce proof of hardship to obtain a Permit renewal.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a Permit does not presume to give authority to violate or cancel the provision of State, County, or Municipal codes regulating the performance of construction.

All statements made by the Applicant must be true and correct; misinformation will void said Permit. Therefore, the Applicant forfeits their posted Performance Guarantee to the County of Gloucester.

**Signature of Contractor or Authorized Agent**

**Date**

**Signature of Owner (if owner)**

**Date**

Barry C. Beckett

**Adopted**

**Barry C. Beckett, P.E., County Engineer**

**June 7, 2000**

**Verification of Signature: Permit Division**

**Date**

GLoucester County Department of Public Works  
 1200 N. Delsea Dr. (Sh#47) Clayton, NJ 08312 (856) 307-6400  
 GOVERNMENT SERVICES BUILDING FAX (856) 307-6606

APPLICATION FOR PERMIT

<input type="checkbox"/>	ROAD OPENING
<input type="checkbox"/>	ACCESS
<input type="checkbox"/>	CURBING

ACCESS FOR:

<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> RESIDENCE & BUSINESS
<input type="checkbox"/> COMMERCIAL MINOR	<input type="checkbox"/> COMMERCIAL MAJOR
<input type="checkbox"/> SERVICE STATION	

APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_  
 FAX(\_\_\_\_) \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

PERFORMANCE BOND / L.O.C. COMPANY \_\_\_\_\_

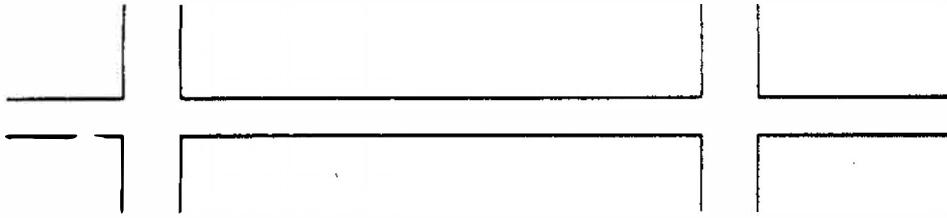
POLICY # \_\_\_\_\_ PHONE # \_\_\_\_\_

COUNTY ROAD (ROAD NAME) \_\_\_\_\_ CR # \_\_\_\_\_

MUNICIPALITY (IN WHICH ROAD OPENING IS LOCATED) \_\_\_\_\_

MUNICIPALITY # \_\_\_\_\_

LOCATION (GIVE EXACT LOCATION IN REFERENCE TO DISTINCT LANDMARKS, i.e.  
 INTERSECTIONS, BRIDGES, etc.):



BLOCK \_\_\_\_\_ LOT. \_\_\_\_\_

PERMIT NEEDED FOR: (i.e. GAS LINE, WATER LINE, CURB, DRIVEWAY, etc.)

\_\_\_\_\_

\_\_\_\_\_

WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_ DEPTH \_\_\_\_\_ SQ. FT. \_\_\_\_\_ CURB \_\_\_\_\_ LIN. FT. \_\_\_\_\_

DEPARTMENT USE ONLY		
PERMIT#:		
PLANNING #:		
PERMIT FEE RECEIVED		
\$		
UTILITY CO. FEE BILLED		
\$		
MONTH		
CHECK NUMBER		
FEES	BOND	
DATE RECEIVED		
/ /		
PERFORMANCE BOND RECEIVED		
CIRCLE ONE		
BOND	L.O.C.	CHECK
\$		
NUMBER		
INSPECTOR ASSIGNED		
INSPECTOR'S APPROVAL		
DATE		
COMPLETION DATE:		
FINAL RESTORATION		
/ /		
MAINTENANCE PERIOD		
TWO (2) YEARS		
MAINTENANCE RELEASE DATE		

MAINTENANCE BOND		
\$		
#		
DEVELOPMENT NAME		
_____		

LAW (N.J.S.A.48:2-73 REQUIRES PROOF THAT NJ ONE-CALL (1-800-272-1000) HAS BEEN NOTIFIED PRIOR TO ISSUING A PERMIT. PLEASE ENTER THE CONFIRMATION NUMBER(S) ASSIGNED \_\_\_\_\_

DATE WORK WILL START ON \_\_\_\_\_ ANTICIPATED COMPLETION DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

THE APPLICANT AGREES TO COMPLY WITH THE REGULATIONS CONTAINED IN THIS ORDINANCE GOVERNING ROADS AND STREET OPENINGS IN THE COUNTY OF GLOUCESTER AS ALL LAWS, ORDINANCES AND RESOLUTIONS RELATING TO SAID WORK AND THE ACCEPTANCE OF THE PERMIT SHALL BE DEEMED AN AGREEMENT TO ABIDE BY OF ITS TERMS AND CONDITIONS.

SIGNED BY APPLICANT \_\_\_\_\_ NAME PRINTED \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 PERMIT IS EFFECTIVE FOR 180 DAYS AFTER DATE OF ISSUANCE

YOU ARE HEREBY GRANTED PERMISSION TO MAKE OPENING IN THE COUNTY ROAD AND PERFORM WORK AND INSTALL FACILITIES THEREIN, IN ACCORDANCE WITH THE PLANS ATTACHED AND REGULATIONS PERTAINING THERETO.

COUNTY  
 AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 TITLE \_\_\_\_\_