

BURLINGTON COUNTY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION
(856) 642-3700

FOR COUNTY USE ONLY
Application #: _____
Received on: _____

Hand Deliver/Fed Ex/UPS:
1900 Briggs Road
Mount Laurel NJ 08054

USPS Mail:
P.O. Box: 6000
Mount Holly, NJ 08060

APPLICATION FOR ROAD OCCUPANCY PERMIT

**REQUIRED FOR ANY AND ALL WORK OR EVENTS
OCCURRING WITHIN THE COUNTY RIGHT-OF-WAY**

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Fax: _____

Co-Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Fax: _____

24 Hour Emergency Contacts: Name: _____ Phone Number: _____

(Required)

Name: _____ Phone Number: _____

I/we request a Permit for the Use and Occupancy of the Right of Way of County Route No. _____

Further identified as (road name) _____

Located in (municipality) _____ Lane: NB SB EB WB

At a point (distance in feet) _____ Direction North South East West

From (intersecting road, street or landmark) _____

Anticipated Start Date: _____ Duration of Work: _____

The applicant shall attach plans showing the location and pertinent work/activity details and all other required information per the **Burlington County Board of Chosen Freeholders Policy, Procedures and Specifications Manual for: Road Occupancy, Road Opening, Driveway Access, Charitable Solicitation and Municipal Events.**

Subject to the provisions of the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., I/we will be responsible for personal injuries and property damage caused by the actions of ourselves, our agents, servants and employees which arise out of or which are claimed to arise out of this Permit. Any such claim for such personal injury or property damage must be filed in accordance with N.J.S.A. 59:8-1 et seq.

Applicant shall submit this application and six (6) copies of site-specific traffic control plans showing the proposed work area, maintenance and protection of traffic installation, and data necessary for a complete understanding of the request. Traffic control plans must conform to the latest "manual on uniform traffic control devices" standards as well as the current "new jersey department of transportation safety set-up guide" and section 10 of the policy referenced above. The county will not be responsible for any errors, omissions or misinformation given in the application and/or on the accompanying plans.

INSTRUCTIONS TO APPLICANTS FOR ROAD OCCUPANCY

Submit application fee with this form. Permit fee will be determined by County Engineer.
Make Check payable to ***'Burlington County Treasurer'***. Cash will not be accepted. Fees are non-refundable.

Check appropriate box below according to type of activities on County Road. Submit proper form along with Road Occupancy Application. Incomplete application/form will not be processed.

- ROAD OPENING AND DRIVEWAY ACCESS FORM – Required for any excavation work within County right-of-way and/or any new driveway access, alteration to existing driveway access, or any change in use of an existing driveway access.
- CHARITABLE SOLICITATION FORM – Required for any solicitation within County right-of-way.
- MUNICIPAL EVENT FORM – Required for any municipal or public event which occurs within County right-of-way and/or may impact traffic on a County Road.

Check and initial appropriate boxes:

- | | Initial(s) |
|---|------------|
| 1. <input type="checkbox"/> Included is the required Application Fee in the amount of \$ _____
(Refer Appendix A of Policy for application fee schedule) | _____ |
| 2. <input type="checkbox"/> I/we have attached Certificate of Insurance information as required in Section 9 of Policy. | _____ |
| 3. <input type="checkbox"/> I/we have a County approved Traffic Control Plan through an approved BCPB # _____
OR | _____ |
| <input type="checkbox"/> Included are 6 copies of a site-specific traffic control plan for review. | _____ |
| 4. <input type="checkbox"/> I/we understand that no refunds will be made after an application has been filed. | _____ |
| 5. <input type="checkbox"/> Required contact information for all subcontractors is attached to this application | _____ |
| 6. <input type="checkbox"/> I/we certify that all required information is correct and accurate | _____ |

(Signature of Applicant)

(Date)

(Print or Type Your Name)

(Company & Title)

(Signature of Co-Applicant)

(Date)

(Print or Type Your Name)

(Company & Title)