



# Street Opening Application

Township of Wall  
Township Clerk's Office  
2700 Allaire Road  
Wall, NJ 07719  
(732)449-8444 Ext. 2200

1. Applicants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Applicant's Authorization: \_\_\_\_\_

2. Location of Proposed Opening: \_\_\_\_\_

If in relation to a development project, which project: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. Narrative Description of Proposed Opening (including purpose, dimensions - length, width, depth, reconstruction plans):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Submit two (2) copies of a plan showing the location of the proposed opening, its relationship to a development (if applicable), the dimensions of the opening and the reconstruction plans.

5. Check payable to the Township of Wall in the sum of \$25.00. If the opening is larger than three feet square feet, the applicant shall pay an additional \$2.00 per foot of excavation, as per Ordinance 195-3.

6. Applicant certifies that statements and information made and provided as part of this application are true to the best of his knowledge, information and belief. Applicant further certifies that he has read Chapter 195 of the General Ordinances relating to street openings and will fully comply with the provisions thereto, this application, and all other information submitted. Should any of the information submitted be false or untrue, or should any of the work performed be not in accordance with Chapter 195, the permit issued hereto shall be null and void.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date