

**COUNTY OF ATLANTIC  
DEPARTMENT OF REGIONAL PLANNING AND DEVELOPMENT  
DIVISION OF ENGINEERING  
P.O. BOX 719, ROUTE 9 AND DOLPHIN AVENUE, NORTHFIELD, NJ 08225  
609-645-5898**

**APPLICATION FOR HIGHWAY OCCUPANCY**

The Required fee must accompany this application either by money order or check made payable to "Treasure of Atlantic County". Cash is not acceptable. NOTE: FEES ARE NOT REFUNDABLE

Original and Two Copies Required. Print or Type

**Applicant (Name of Owner)** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Co-Applicant (Contractor)** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**To Open County Road (Road Name)** \_\_\_\_\_ **(Number)** \_\_\_\_\_

**Municipality** \_\_\_\_\_

**Location** \_\_\_\_\_  
(Nearest Intersection or Other Existing Distinct Landmarks, Give Street Number if Possible)

**For the Purpose of** \_\_\_\_\_  
(i.e., Curb, Sidewalk, Driveway, Road Widening, etc)

**Width** \_\_\_\_\_ **Length** \_\_\_\_\_ **Depth** \_\_\_\_\_ **Square Feet** \_\_\_\_\_

**Work Will Be Started On** \_\_\_\_\_ **Completed On** \_\_\_\_\_

**Remarks and Comments** \_\_\_\_\_

The applicant agrees to comply with the regulations contained in the Ordinance governing Highway Occupancy Permits in the County of Atlantic, as well as all laws, ordinances and resolutions relating to said work and the acceptance of the permit shall be deemed an agreement to abide by all of its terms and conditions.

**Signed by Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print or Type Name** \_\_\_\_\_

**Signed by Co-Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print or Type Name** \_\_\_\_\_

You are hereby granted permission to make an opening in the County Right Of Way and perform work and install facilities therein, in accordance with the plan attached and regulations pertaining thereto.

**COUNTY ENGINEER** \_\_\_\_\_ **DATE** \_\_\_\_\_

THIS PERMIT IS EFFECTIVE FOR ONE (1) YEAR AFTER THE DATE OF ISSUANCE

DEPARTMENT USE ONLY

Permit #	Permit Fee \$	DRC #
Municipality	Check #	Surety \$
CR#	Date Received	Insurance
Road Name	Date Complete	Maintenance Period: (YEARS) Two (2) <input type="checkbox"/> Five (5) <input type="checkbox"/>

