

PERMIT FOR STREET CUTS

TOWN OF ROSELAND

DATE: _____

CONTRACOR'S NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PROPERTY OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPROXIMATE LOCATION OF WORK: _____

LENGTH OF CUT: _____

ESTIMATED DATE OF CONSTRUCTION: _____ TO _____

NOTIFICATIONS:

FIRE COMPANY: _____
DATE TIME

ROSELAND POLICE: _____
DATE TIME

APPROVAL IS GRANTED /DENIED THIS _____ DAY OF _____, 20 _____

UNDER THE FOLLOWING CONDITIONS: _____

APPLICATION FEE PAID: \$ _____

DIRECTOR, TOWN MAINTENANCE

RECEIPT NO.: _____