



BOROUGH OF BEACH HAVEN

Application for Street Opening Permit

Date: ____/____/____

Permit # _____

Application is hereby made by:

Name: _____

Address: _____

Email Address: _____ Phone: () _____

Information about Street Opening:

Name of Owner: _____

Address of Opening: _____

Block: _____ Lot: _____

Size of Opening: _____

Purpose of Opening: _____

Work to Commence On: _____ Work to End On: _____

Contactor Information:

Name: _____ Phone #: () _____

Address: _____

Email Address: _____

Authorized Agent Name: _____

(Please Print)

(Signature)

For information about Street Openings in Beach Haven refer to Chapter 176, Article 1. of the Borough Code

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Permit Fee: \$ _____	Payment Type: _____	Bond Amount: \$ _____	Payment Type: _____
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Borough Engineer: _____	Date: ____/____/____
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Public Works Superintendent: _____	Date: ____/____/____
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Borough Manager: _____	Date: ____/____/____
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