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TOWNSHIP OF RARITAN APPLICATION FOR DRIVEWAY PERMIT

1. Name of Applicant:				
2. Address:				
3. Telephone/Fax:				
4. Email Address:				
5. Location of Proposed Driveway –Block/Lot	Street Address:			
the Applicant desires to build. (In be filed at completion of the wor must be furnished on the plan as inspections (subbase and top cour	the event changes are made k). No change may be mand specifications as requirese). Call 806-6100 x2254.			
Estimated date of commencement	comp	of proposed work.		
resulting from the course of connegligence or fault of the Appliperformance of the work covered The Applicant agrees to abide by	icant, its agents, servants by the plan. all of the provisions of Ore Regulating Driveway Co	an harmless from any loss, injury or damage whatsoever ly or indirectly connected with the work, or from any representatives or contractors in connection with the dinance 68-8, adopted July 8, 1968 and amended August construction in the Streets and Roads of the Township of		
APPLICANT		DATE		
OFFICE USE ONLY:	•••••			
	Date Approved:	Approved By:		
Fee Paid (\$35.00) □	Check No.:	Forwarded to Clerk:		
BOND TO BE RETURNED TO	D:			
Comments:				
INSPECTION USE ONLY: Driveway Opening: Accepted: Denied:	Dates:			
	Dates:	Inspector:		
Driveway Top Course (2" Bitum Accepted □ Denied □	Dates:	Inspector:		
	Dates:	Inspector:		
INSPECTION APPROVED:		Date ering/IT		