



**CITY OF PASSAIC
ENGINEERING DIVISION**

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FOR OFFICIAL USE ONLY:

PERMIT NO. _____

RECEIPT NO. _____

APPLICATION FOR ROAD & RIGHT-OF-WAY PERMITS

ROAD OPENING PERMIT INFORMATION

THIS APPLICATION IS FOR: ROAD OPENING ROAD ACCESS SEWER CONNECTION TRENCHING PARKING METER(S)
 SIDEWALK CURB DRIVEWAY APRON DUMPSTER OUTDOOR SEATING

APPLICATION DATE: _____ LOCATION OF WORK: _____

PURPOSE OF WORK: _____

APPLICANT INFORMATION

APPLICATION MADE BY: CONTRACTOR HOMEOWNER OTHER _____

APPLICANT'S NAME: _____

ADDRESS: _____
Street Address *Apartment/Unit #/Suite #*

_____ *City* *State* *ZIP Code*

PHONE: _____ CELL: _____

WORK LOCATION SKETCH (IF APPLICABLE)

WIDTH (FEET): _____ LENGTH (LINEAR FEET): _____ DEPTH (INCHES): _____

