



**COUNTY OF ESSEX**  
**DEPARTMENT OF PUBLIC WORKS**  
 DIVISION OF ENGINEERING  
 900 BLOOMFIELD AVENUE  
 VERONA, NEW JERSEY 07044-1393  
 Road Opening Permits and Inspection Section (973) 226-8500, ext. 3002  
 FAX- (973) 226-8507

**PRELIMINARY PERMIT APPLICATION INFORMATION FORM**

Permit No. D-

DATE:

<b>Owner:</b>	Name:	<input type="checkbox"/> Applicant
	Address:	
	Phone Number:      Cell Phone Number:	
<b>Contractor:</b>	Name:	<input type="checkbox"/> Applicant
	Address:	
	Phone Number:      Cell Phone Number:	
<b>Name and Address to whom Performance Guarantee is to be returned to: (W-9 Form is required)</b>		
Name:		
Address:		
Phone Number:      Cell Phone Number:		
<b>Job Site Address:</b>		
Cross St.:		Town:
Description of work to be done within Essex County right-of-way:		
Start date:      /      Finish date:		Size of road opening:
Type of Pavement:		
Length of curb:	length of sidewalk:	Apron width:
Type of utility:	Depth:	Backfill spec: DGA, 10" I-2 base , 2" I-5 top
Utility mark-out reference No.		
<i>NEW MARKOUT REQUIRED IF ISSUE DATE IS OLDER THAN TEN (10) DAYS – CALL BEFORE YOU DIG! 1-800-272-1000</i>		
Certificate of insurance naming "COUNTY OF ESSEX" as additional y insured and the Job location.		
Minimum insurance coverage is <b>One Million Dollar</b> Liability for excavations and <b>Five Hundred Thousand Dollar</b> liability for dumpster placement.		
<b>ADDITIONAL REQUIREMENTS</b>		
<b>ALL CHECKS MUST BE BANK CERTIFIED OR MONEY ORDER AND PAYABLE TO "COUNTY OF ESSEX"</b>		
<b>YOU MUST BE A LICENSED AND REGISTERED CONTRACTOR WITH THE STATE OF NEW JERSEY</b>		
Dumpster/ Containers must be 60' from a corner or intersection must not impede traffic or cause a traffic hazard.		
Working hours are 9:00am to 3:00 pm unless special permission is granted by the Essex County Engineer.		
This permit will become null and void unless work is started within 30 days of date issued.		
The Performance Guarantee will be returned at the end of project upon Inspectors approval. The County can hold up to 1 yr.		
Check 1 #	Check 2 #	Money order #
PERMIT FEE: <u>\$100.00</u> PERFORMANCE GUARANTEE: \$.....      INSPECTION FEES: \$ .....		
TOTAL AMOUNT RECEIVED: \$.....DATE:.....		

SUBMIT DOCUMENTS TO: [MRosa@EssexCountyNJ.org](mailto:MRosa@EssexCountyNJ.org) or [RFernandez@EssexCountyNJ.org](mailto:RFernandez@EssexCountyNJ.org)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<b>PRODUCER</b>  YOUR INSURANCE AGENCY AND THEIR COMPLETE ADDRESS HERE	<b>THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  YOUR COMPANY AND COMPLETE ADDRESS HERE	INSURER A: INSURANCE COMPANY HERE	NAIC #
	INSURER B: INSURANCE COMPANY HERE	NAIC #
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY # HERE	DATE	DATE	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMPI/OP AGG \$ 1,000,000.00 \$								
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY # HERE	DATE	DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000.00 BODILY INJURY (Per person) \$ 1,000,000.00 BODILY INJURY (Per accident) \$ 3,000,000.00 PROPERTY DAMAGE (Per accident) \$ 1,000,000.00								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below	POLICY # HERE	DATE	DATE	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000.00</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000.00	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

COUNTY OF ESSEX IS NAMED AS AN ADDITIONAL INSURED - ATIMA

PROJECT LOCATION: INSERT PROJECT ADDRESS/INTERSECTION

<b>CERTIFICATE HOLDER</b>  COUNTY OF ESSEX 900 BLOOMFIELD AVENUE VERONA, NJ 07044	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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## Permit Requirement Checklist

For all backfill, road restoration and concrete specifications see **attached details in your permit package**.

Applicant must obtain underground utility mark out reference number(s) CALL BEFORE YOU DIG (1-800-272-1000).

Work being done inside signalized intersections requires that the Traffic Section be notified by the Contractor so print of intersection can be obtained (Traffic Maintenance Section (973) 293-3366, extension 2330).

Local Police should be contacted for traffic control 48 hours in advance (if road is to be closed a traffic control print showing detour is to be submitted for approval by the County Engineer). All County, NJDOT and OSHA standards, rules and regulations are to be adhered to (Mandatory).

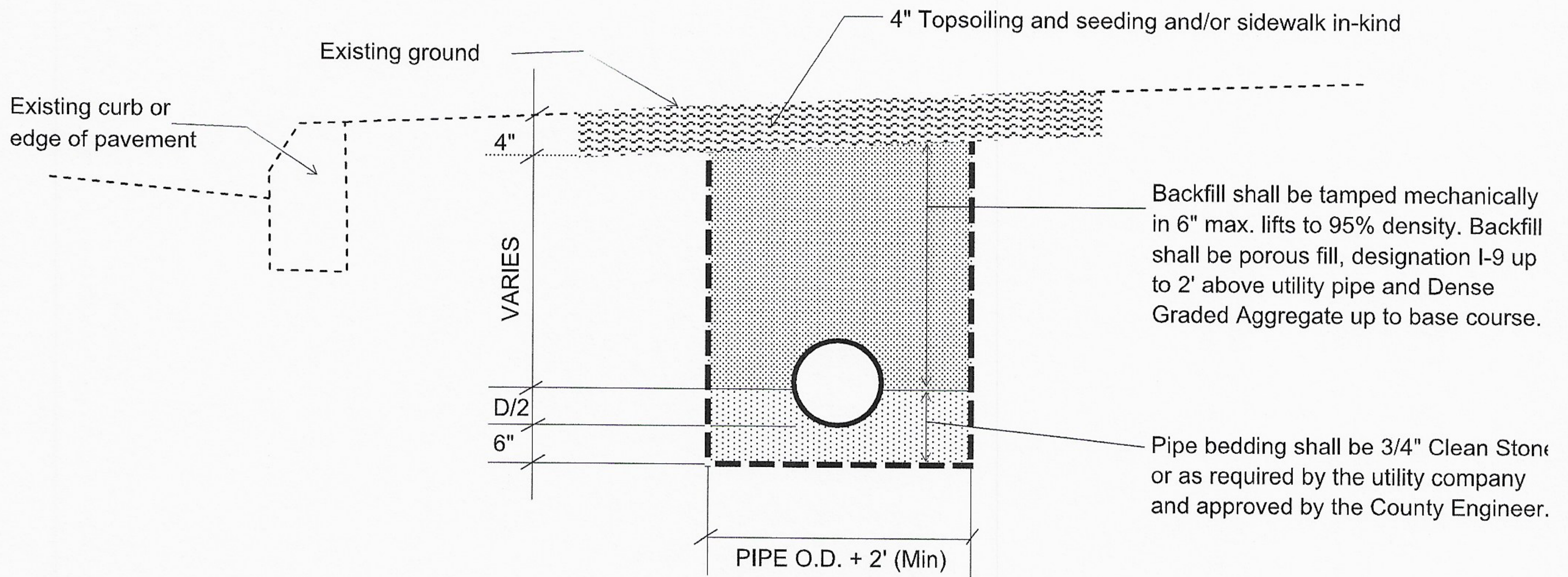
Inspection Section is to be **notified twenty-four (24) hours in advance of working the County right-of-way**. **Jobs are NOT to start on FRIDAYS or HOLIDAYS unless an emergency situation. Working Hours are from 9:00am to 3:00pm unless stated otherwise by the Essex County Engineer. Office hours 8:00am to 4:00pm Mon. to Fri. Call 973-226-8500 x2480/3002 for further information.**

- Certificate of Insurance naming "County of Essex" as additional insured, coverage to be at least One Million Dollars in Liability. And location of job site.
- Emergency phone numbers (**Home, Mobil & Office numbers**) of at least two separate people to be obtained.
- Planning Board approval letter to be obtained prior to issuance of permit (**parking lots and Commercial Developments require Essex County Planning Board Approval**).
- Roads resurfaced within the "**PAST FIVE (5) YEARS**" require a written approval from the County Engineer prior to issuance of permit.
- Explanation of all inspection fees for Site Plans, Sub-Divisions and or all construction projects.
- Applicants Name mailing address and all contact numbers and information.
- Address of where Performance Guarantee is to be returned.
- Checks are to be Bank Certified or Money Orders Payable to the "County of Essex" (permit fee and Inspection fees are to be included in one check). \$100.00 permit fee and \$100.00 per inspection fees (Per visit). Performance Guarantees are to be in a separate Bank Certified Check or Money Order.
- Explanation of Letter of Credit to be approved by County Counsel prior to issuance of permit.
- Explanation of how long P.G. money will be held. (**All Performance Guarantees can be held up to one year after total completion of work in the Essex County right-of-way**). **All performance guarantees are 100% refundable as long as all work performed is satisfactory and passes final inspection.**
- **If a Letter of credit is submitted a W-9 is not required.**

### *Driveway Information*

Driveway widening and aprons need to be looked at in the field by the Inspector for approval prior to issuance of permit and approval by the County Engineer.

\*Brand new driveways to access Essex County roads need plans submitted for review prior to issuance of any permits. 100' frontage is required for a double driveway unless approved by the Essex County Engineer. By law you must be able to egress your driveway front first you cannot back out into a county highway.



**LONGITUDINAL / TRANSVERSE UTILITY TRENCH  
BEHIND CURB OR EDGE OF PAVEMENT**

**NOTES:**

1. New Jersey D.O.T. Standard Specifications for Roads and Bridge Construction with amendments shall govern.
2. When the edge of trench is within 4' or less from the existing curb, full depth pavement shall be constructed.
3. All excavated unsuitable material shall be removed and disposed of at the utility and/or contractor's expense.
4. Temporary pavement replacement shall be 10 inches of Bituminous Stabilized Base Course, Mix I-2, compacted in five inches lifts.
5. After four months or as directed by the County Engineer or his duly authorized representative, the trench shall be milled 2 inches deep extending 12 inches wider, each side, than the trench and resurfaced with 2" of Bituminous Concrete Surface Course, Mix I-5.
6. Trenches shall be sawcut as indicated in this drawing. Butt joints are not allowed.
7. Traffic stripes and traffic markings are to be replaced with Traffic Stripes, long life and Traffic Markings, thermoplastic.

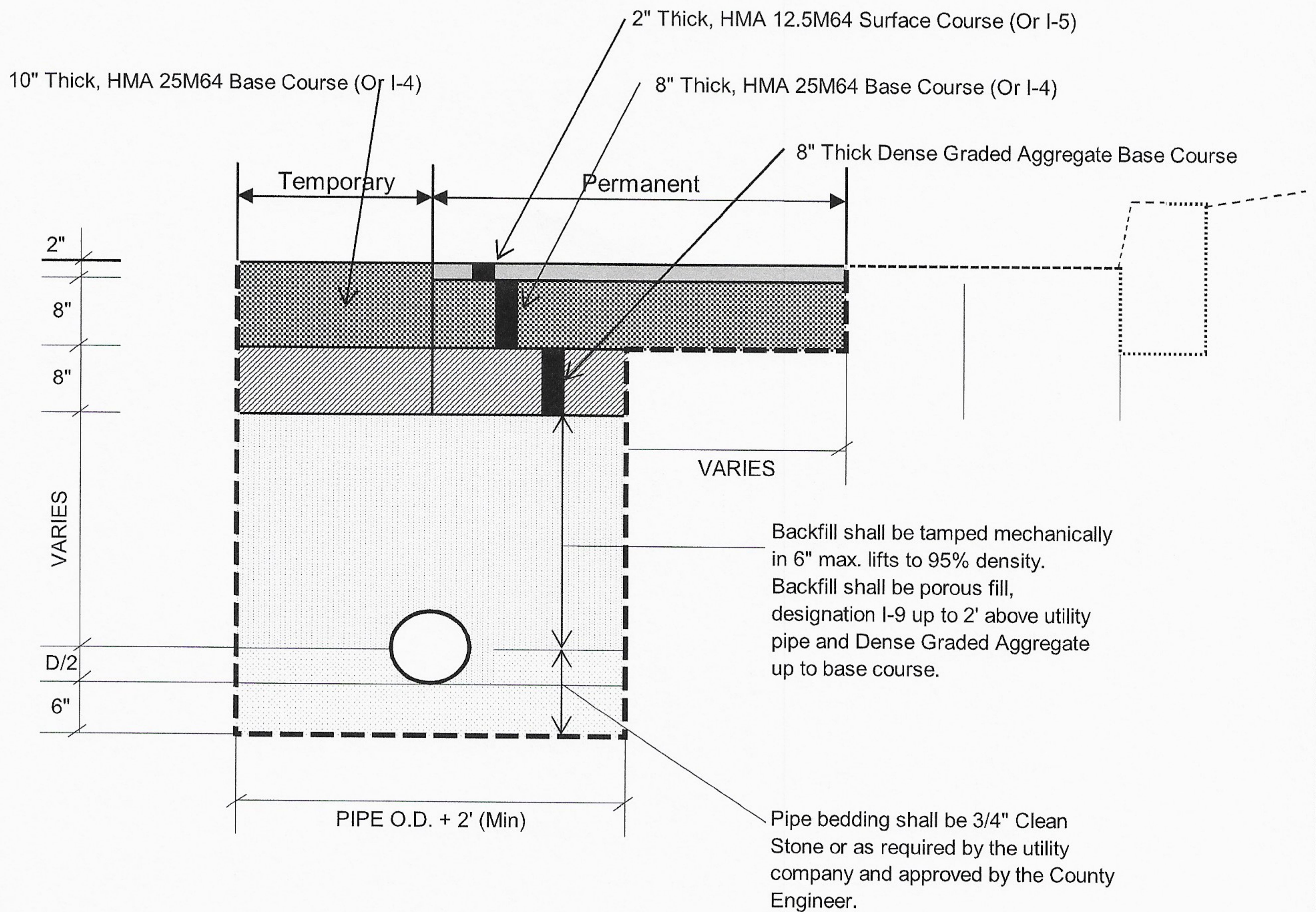
**UTILITY TRENCH RESTORATION**

Drawn by: LER Date 10/11/2006  
Scale: NTS Drawing No. 2 of 4

**ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS  
DIVISION OF ENGINEERING**

**ON FILE**

Sanjeev Varghese, P.E., P.P.



#### NOTES:

1. 2007 New Jersey D.O.T. Standard Specifications for Roads and Bridge Construction with amendments shall govern.
2. When the edge of trench is within 4' or less from the existing curb, full depth pavement shall be constructed.
3. All excavated unsuitable material shall be removed and disposed of at the utility and/or contractor's expense.
4. Temporary pavement replacement shall be 10 inches of HMA 25M64 Surface Course or I-4, compacted in five inches lifts.
5. After three (3) months or as directed by the County Engineer or his duly authorized representative, the trench shall be milled 2 inches deep, as per limits determined on Details A thru F, then the trench must be resurfaced with 2" of HMA 12.5M64 Surface Course. (See Details A thru F)
6. Trenches shall be sawcut as indicated in this drawing. Butt joints are not allowed.
7. Traffic stripes and traffic markings are to be replaced with Traffic Stripes, long life and Traffic Markings, thermoplastic.

#### UTILITY TRENCH RESTORATION

Drawn by: LER Date: 05/03/17  
 Scale: NTS Drawing No. 1 of 3

ESSEX COUNTY DEPARTMENT OF PUBLIC  
 WORKS DIVISION OF ENGINEERING

**ON FILE**

Sanjeev Varghese, P.E., P.P.