

**CITY OF BAYONNE DEPARTMENT OF ENGINEERING
ROADWAY PERMIT**

No. 4970

Date: _____

Block _____

Lot _____

Work Site _____

Applicant _____

Owner _____

Address _____

Phone No. _____

Estimated Cost _____

Registration No. _____

FEES

Ground Restoration Fee _____ Square Feet _____

Sidewalk Construction _____ Square Feet _____

New Curb Construction _____ Linear Feet _____

Curb Reconstruction _____ Linear Feet _____

Curb Cut _____ Linear Feet _____

Obstruct Roadway _____ # Days From: _____ To: _____

Roadway Opening (s) _____ Quantity Size(s) _____

Sidewalk Opening (s) _____ Quantity _____

TOTAL

Check No. _____

Cash _____

Mark Out No. _____

File No. _____

I hereby certify that the above information is correct and accurate to the best of my knowledge

Signature _____

City Engineer _____

By: _____

White: Office Copy Yellow: File Copy Pink: Inspector Copy Gold: Applicant Copy

STRONGER NJ
NEIGHBORHOOD & COMMUNITY REVITALIZATION
Development and Public Improvement Projects