

# STREET OPENING PERMIT

## TOWNSHIP OF SCOTCH PLAINS, NEW JERSEY

Date: [Click here to enter a date.](#)

Permission is hereby granted to [Click here to enter text.](#)

to open (address/street name) [Click here to enter text.](#)

for the purpose of [Click here to enter text.](#)

**Applicant's Name:** [Click here to enter text.](#)

**Applicant's Phone Number:** [Click here to enter text.](#)

Street Opening Fee: \$40

***IF ROADWAY IS 5 YEARS OR NEWER, INFRA-RED PATCHING IS REQUIRED.***

*\$1,000 Infra-Red Patching Bond Submitted On:* [Click here to enter a date.](#)

*90 Day Completion Date:* [Click here to enter a date.](#)

*Refund Of Bond Will Be Made After Satisfactory Inspection Of Infra-Red Patch.*

**Township Official's Signature** \_\_\_\_\_