

TOWNSHIP OF KINGWOOD

Hours:
Mon-Fri – 7:30 AM – 3:30 PM
DPW Building:
255 Union Road
Fax: (908) 996-2417



Address Reply To:
Mark Petro, Road Supervisor
P.O. Box 199
Baptistown, NJ 08803-0199
Phone: (908) 996-2789

DRIVEWAY OPENING PERMIT (FOUR COPIES NEEDED)

PERMIT NO. _____ DATE ____/____/____

Application is hereby made for a DRIVEWAY OPENING PERMIT for property described below:

Name of Owner: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Location of Property- Block _____ Lot _____ Qualifier _____

Name of Road: _____

Distance from Intersection: _____

_____ Inches by _____ Length of Class III Reinforced Concrete Pipe

Sketch or drawing to be of sufficient detail to be in accordance with the SECTION 112 OF THE KINGWOOD TOWNSHIP ORDINANCES

I have examined and am familiar with Section 112 of the Kingwood Township Ordinances – Streets and Driveways as currently in effect and I agree to comply with all applicable provisions thereof:

Respectfully submitted this _____ day of _____ 20_____

SIGNATURE OF OWNER _____

SIGNATURE OF AGENT OR BUILDER _____

If signed by Agent or Builder of owner- his/her signature hereon is representation that they are duly authorized by owner to make within application and thus binds owner hereto.

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FOR OFFICIAL USE ONLY

Date of Application: _____ Date of Approval: _____

Fee Paid: \$100.00 _____

Road Supervisor