



**BOROUGH OF CAPE MAY POINT**

POST OFFICE BOX 490

CAPE MAY POINT, NJ 08212

(609) 884-8468 / FAX: 609-884-1732

[www.capemaypoint.org](http://www.capemaypoint.org)

Elaine L. Wallace, RMC, CMR

*Municipal Clerk*

**Application for Street Opening**

Permission is hereby requested to open and/or create a road closure/detour within the Borough of Cape May Point described herein subject to the requirements of Chapter 130 and Chapter 107, Code of the Borough of Cape May Point.

**Applicant Information**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

Name of Contact Person (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alternate Phone (cell): \_\_\_\_\_

**Street Opening / Detour Information**

**The Borough of Cape May Point has established a five (5) year moratorium on street openings following the last resurfacing or reconstruction.**

Type of Application (check all that apply)

- Street Opening     Road Closure     Traffic Detours

Names of Street(s) involved: \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_ Streets

Description of reason for street opening/closure/detour: \_\_\_\_\_

Date(s) of Project or Event: \_\_\_\_\_

Time of day (if applicable): \_\_\_\_\_

If street opening, expected date of completion/repairs: \_\_\_\_\_

If street opening, total square feet affected: \_\_\_\_\_

Traffic Control / Detour Plan Attached  YES  NO / NA

\*De-watering Plan Attached  YES  NO / NA

\*Drainage from de-watering must be directed to the nearest storm drain so as not to interfere with traffic. Alternate measures must be approved by the Governing Body and/or the Borough Engineer at the discretion of the Governing Body.

**For Office Use Only**

Date Received: \_\_\_\_\_ Sent to Engineer: \_\_\_\_\_

**FEES – all fees are non-refundable**

**Application/Permit Fee:** \_\_\_\_\_ **Cash**  **Check**  \_\_\_\_\_  
(Total Amount Paid) (Check #)  
**(\$400.00 for first 50 sq. ft. plus \$2.50/sq. ft. in excess of 50 sq. ft.)**

**Administration/Inspection Fee:** \_\_\_\_\_ **Cash**  **Check**  \_\_\_\_\_  
(Total Amount Paid) (Check #)  
**(\$1,000 for first 50 sq. ft plus \$2.50 per sq. ft in excess of 50 sq. ft.)**

Performance Bond Posted (\$50,000.00): Cash  LOC  Surety  Check  # \_\_\_\_\_

Hold Harmless Received  Certificate of Insurance Received

Engineer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Approved: YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Elaine L. Wallace, RMC, CMR  
Municipal Clerk  
Date: \_\_\_\_\_

Bond Release:

Project Completed on: \_\_\_\_\_ Final Inspection: \_\_\_\_\_

Bond Returned: \_\_\_\_\_