## NEW JERSEY DEPARTMENT OF TRANSPORTATION STREET IMPROVEMENT APPLICATION

\*\*\* PLEASE PRINT OR TYPE \*\*\*

Application No.	<del></del>
Control Section	
Amount Received	
Check No.	
Date Received	

Dept. Use Only

(date)

APPLICANT:(municipal	lity or county representative, as	appropriate)
	(street)	
(city)	(state)	(zip code)
(		
(phone number)		
LOCATION OF STREET IMPROVEMENT:		
NAME OF STREET:		
MUNICIPALITY:	COUNTY:	· · · · · · · · · · · · · · · · · · ·
ROUTE: DIRECTION	•	MILEPOST:
APPLICATION CHECKLIST:	APPLICANT	DEPT. USE ONLY
<u>** </u>	(check here)	
EIGHT COPIES OF A PLAN OF THE INTERSECTION AT A SCALE OF ONE INCH EQUALS 30 FEET SHOWING SUCH DETAIL AS CURB, GUTTER, SIDEWALK, CURB RADII, AND DRAINAGE STRUCTURES.	( )	
	FEES:	
FEES ARE APPLICATION FEE	E TO: NEW JERSEY DEPAR L NOT BE ACCEPTED NOT REFUNDABLE SEPT THIS APPLICATION I	5.00 25.00 25.00 IF IT IS NOT SIGNED
COMPLETED POWER OF ATTORNEY FORM.  AUTHORIZED REPRESENTATIVE:		L LOI OWILK, ILLASE ATTACK A
	(name)	
	(street)	
(city) (state)  (phone number)		(zip code)
ENCLOSED IS THE \$	APPLICATION FEE.	
I CERTIFY THAT THE ABOVE INFORMATION IS TO INFORMATION IS FALSE, I AM SUBJECT TO PUNISHING REGULATIONS OF THE STATE OF NEW JERSEY INCLUMANAGEMENT ACT AND THE STATE HIGHWAY ACT IMPROVEMENT. THIS APPLICATION IS NOT FOR AN STATE HIGHWAY. I AGREE NOT TO PERFORM ANY WE BY A PERMIT ISSUED BY THE DEPARTMENT.	MENT. I AGREE TO COMP LUDING, BUT NOT LIMITE CCESS CODE. THIS APPLI NY INCREASE IN THE NU	PLY WITH ALL APPLICABLE LAWS AND ED TO, THE STATE HIGHWAY ACCESS CATION APPLIES ONLY TO A STREET MBER OF LANES INTERSECTING THE
(signature of applicant or authorized representative	<del></del>	(print or type your title)

(print or type your name)