



## Road Opening Permits

Road Opening Permits are required for work that will be performed within the Township Right-of-Way (ROW). The Township ROW generally extends 10' beyond the edge of the roadway. Examples of work that require a Road Opening Permit are as follows:

### RESIDENTIAL / COMMERCIAL IMPROVEMENTS:

- Driveway
- Sidewalk
- Drainage (sump pump discharges, roof leaders, drywell overflows, etc.)
- Connections to existing Township storm sewer system
- Regrading / landscaping

### UTILITY WORK:

- Sanitary sewer
- Water lines (distribution & private)
- Natural gas lines
- Electric lines
- Communication lines (phone, cable, fiber-optic, etc.)
- Structures (utility poles, fire hydrants, utility cabinets, manholes, vaults, etc.)

### ROADWORK:

- Curbing
- Asphalt repairs
- Storm water drainage systems

### MISCELLANEOUS:

- Sign installations
- Test pits
- Soil borings

### APPLICANT'S CHECKLIST

#### SUBMIT:

- Completed Road Opening Permit application
- Completed Contractor's Certificate of Insurance Required Information Sheet
- Completed Hold Harmless Clause
- Application fee
- Inspection fee
- Performance / Maintenance Guarantee

### NOTES

- Prohibited in ROW: sprinkler systems, invisible fences and retaining walls
- Call NJ One Call BEFORE You Dig (811 or 800-272-1000)
- Notify the Engineering Department 24 Hours before the start of work (973-326-7440)

If you require additional information, please call the Engineering Department (973-326-7440)

**TOWNSHIP OF MORRIS**

ENGINEERING DEPARTMENT  
50 Woodland Avenue, P.O. Box 7603  
Convent Station, NJ 07961-7603  
Phone: 973-326-7440 Fax: 973-605-8363

**ROAD OPENING PERMIT**

PERMIT No.: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

LOCATION OF OPENING: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BLOCK NUMBER: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

CERTIFICATE OF INSURANCE  
APPROVED DATE: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

<b>SKETCH</b>
Empty space for sketch

DATE WORK TO START: \_\_\_\_\_ DATE WORK TO BE COMPLETE: \_\_\_\_\_

APPLICATION FEE: \$50.00 INSPECTION FEE: \$100.00 minimum or \$6.50 per square yard, whichever is greater.

PAYMENT: Amount: \_\_\_\_\_ Cash  Credit Card  Check  Date: \_\_\_\_\_

**REQUIREMENTS:** Contact the Engineering Department: 24 hours before the start of work; before backfilling; and 24 hours prior to final restoration (973-326-7440).  
Contractor to remove all spoils from the site & replace with D.G.A. compacted in 6" lifts.

\_\_\_\_\_  
Applicant Signature                      Date                      Township Approval                      Date

Inspections: \_\_\_\_\_ Bond Release: \_\_\_\_\_

<b>PERFORMANCE / MAINTENANCE GUARANTEE</b> AMOUNT: _____	CASH: _____ MAINTENANCE BOND: _____
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Copy to:    \_\_\_ Applicant    \_\_\_ Contractor    \_\_\_ Police Dept.    \_\_\_ Road Dept.

TOWNSHIP OF MORRIS

CERTIFICATE OF INSURANCE REQUIREMENTS

1. A Required Information Sheet, per attached, must be filled out and e-mailed back to Administrator's Office, [administration@morristwp.com](mailto:administration@morristwp.com)
2. **All Certificates of Insurance must be entered into our electronic system by your broker (we do not want paper certificates). Vendors are not permitted to enter Certificates of Insurance.**  
The information you provide in the Required Information Sheet will be entered into our system. You will then receive an e-mail from the Township which you, in turn, must **e-mail to your broker**. There is a link in the e-mail which your broker will use to enable him/her to enter your insurance information into our system.
3. The Certificate of Insurance must list Township of Morris as Additional Insured, and the "Addl Insd" box must be checked in the General Liability section of the certificate. Sample attached. \*Should a prospective bidder or vendor not have commercial automobile coverage in their business name, please provide a Hired and Non-Owned Automobile Enforcement to the GL policy.
4. Explanation and date of work, program, or contract being performed for the Township must be entered in the "Description of Operations" section of the Certificate of Insurance.
5. For professional service contracts, proof of Professional Liability Insurance showing a minimum amount of \$1,000,000.00 must also be included.
6. A Hold Harmless Clause, per attached, must be filled in and signed by applicant, and returned to Administrator's office ([administration@morristwp.com](mailto:administration@morristwp.com)).

Should you have any questions, please contact the Administrator's office: 973-326-7360.

**REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER  
INTO RISK TOOLBOX**

Name of Insured using  
or coming onto Township property:

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Address of Insured:

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City, State, Zip

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Phone No.:

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Contact Person's Name/Title:

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Contact Person's E-Mail Address:

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Business Name, if different  
than name of insured:

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Type of work, date of work, and for which  
department, or what Twp. facilities are being  
used & when:

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**HOLD HARMLESS CLAUSE**

**TOWNSHIP OF MORRIS**

\_\_\_\_\_ will protect, indemnify, and hold  
(Vendor's company name)  
harmless the Township of Morris from and against any and all losses, claims, penalties,  
damages, settlements, costs, charges, professional fees, or other expenses or liabilities  
arising out of or resulting from the performance of the work or the completed operations,  
including any such claims for damage, loss, or expense resulting in bodily injury,  
sickness, disease, or death, or to injury to or destruction of the tangible property,  
including the loss of the use resulting therefrom, and which is caused in whole or in  
part by any negligent or willful act or omission by  
\_\_\_\_\_.  
(Vendor's company name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

MORRI-1 OP ID: JL

DATE (MM/DD/YYYY)  
07/10/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ABC Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ABC INS CO POLICY NUMBER	01/01/2013	01/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ABC INS CO POLICY NUMBER	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ABC INS CO POLICY NUMBER	01/01/2013	01/01/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ABC INS CO POLICY NUMBER	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The Township of Morris is included as an additional insured with respect to: (name project)

<b>CERTIFICATE HOLDER</b> Township of Morris Attention Administrator's Office 50 Woodland Avenue PO Box 7603 Convent Station, NJ 07961-7603	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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