

Application #: _____

BURLINGTON COUNTY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

MUNICIPAL EVENT FORM

Municipality: _____

Name & Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Evening/Emergency Phone: _____ Fax: _____

I/we request a Permit for a Municipal Event using the Right of Way of County Route No. _____

Further identified as (road name) _____

Located in (municipality) _____ Lane: NB SB EB WB

At a point (distance in feet) _____ Direction North South East West

From (intersecting road, street or landmark) _____

Name of Event: _____ Date: _____ Hours: _____

Weather Dependent? Yes No; Rain Date: _____

Vehicle Use? Yes No; If yes, written authorization attached? Yes No

Alcohol to be sold/dispensed/consumed? Yes No; If yes, Permit Acquired? Yes No

Public Safety Operational Plan attached? Yes No

Please provide a brief description of the event and any impacts to County road(s): _____

Subject to the provisions of the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., I/we will be responsible for personal injuries and property damage caused by the actions of ourselves, our agents, servants and employees which arise out of or which are claimed to arise out of this Permit. Any such claim for such personal injury or property damage must be filed in accordance with N.J.S.A. 59:8-1 et seq. **THE COUNTY WILL NOT BE RESPONSIBLE FOR ANY ERRORS, OMISSIONS OR MISINFORMATION GIVEN IN THE APPLICATION AND/OR ON THE ACCOMPANYING PLANS.**

(Signature of Applicant)

(Date)

(Print or Type Your Name)

(Title)