



MONMOUTH COUNTY DIVISION OF ENGINEERING

ROAD / BRIDGE PERMIT

Application Instructions

Before applying for a permit to perform work within Monmouth County right-of-way, please review the permit process outlined below. Additional information regarding County requirements is available in the **Monmouth County Regulations to Protect County Roadways, Related Facilities and Excavations** and the **Monmouth County Requirements and Standards for the Restoration of County Roads**.

1. Prepare the Application Package

Applicants must complete the permit application form, provide all required supporting documentation, and submit the applicable fee.

Required attachments include:

- Plans showing the proposed work
- Traffic control plans
- Certificate of insurance (see attached sample certificate)
- Application/Permit Fee

2. Deliver the Application

Completed applications may be submitted by hand delivery or mailed via USPS, FedEx, or UPS to:

Monmouth County Division of Engineering
Hall of Records Annex
1 East Main Street
Freehold, NJ 07728

3. Application Review for Completeness

The Monmouth County Division of Engineering will review the submitted application package to ensure all required information has been provided. Applicants will be notified if additional information, revisions, or corrections are required.

4. Application Approval or Denial

Upon receipt of a complete application, the Division of Engineering will review the proposed work and determine whether the application will be approved or denied.

5. Deposit/Bond Requirement

Following application approval, and prior to permit issuance or commencement of any work, the applicant must submit the required deposit and/or bond to the Monmouth County Treasurer.

The amount and type of security required will be determined by the Division of Engineering and communicated to the applicant.

6. Permit Issuance & Questions

Once all requirements have been satisfied, the Division of Engineering will issue the permit and provide the permittee with any additional instructions and requirements related to the approved work. For questions, please contact the Division of Engineering at 732-431-7761 or MCpermits@co.monmouth.nj.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 (Insurance Company Name) (Street Address) (City, State, Zip Code)	CONTACT NAME: PHONE (A/C No, Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED (Contractor Name) (Street Address) (City, State, Zip Code)	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The County of Monmouth, and each of its officers, employees, servants and agents, are Additional Insured under the Commercial General Liability Policy above, with respect to work performed by the Named Insured under County Road / Bridge Permits, as required by Monmouth County's "Requirements and Standards for the Restoration of County Roads"

CERTIFICATE HOLDER**CANCELLATION**

County of Monmouth Hall of Records 1 E. Main Street Freehold, NJ 07728	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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(06/2026)

Hand Deliver/USPS/Fed Ex./UPS
Monmouth County
Division of Engineering
Hall of Records Annex
1 E. Main Street
Freehold, NJ 07728

MONMOUTH COUNTY DIVISION OF ENGINEERING

COUNTY USE	
Application #:	_____
Received on:	_____

APPLICATION FOR ROAD / BRIDGE PERMIT

REQUIRED FOR ANY AND ALL WORK, OCCUPANCY AND/OR EVENTS
OCCURRING WITHIN THE COUNTY RIGHT-OF-WAY

Applicant's Name / Company: _____

Street Address: _____

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

Daytime Phone: _____ Fax: _____

Co-Applicant's Name / Company: _____

Street Address: _____

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

Daytime Phone: _____ Fax: _____

24 Hour Emergency Contacts: Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

I/we request a Permit for the use, occupancy and/or excavation with 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

Location (nearest address, intersecting road or mileposts of work) _____

Anticipated Start Date: _____ Duration of Work: _____

The applicant shall attach plans, details and all other required information per the Monmouth County Regulations to Protect County Roadways, Related Facilities and Excavations, and the Monmouth County Requirements and Standards for the Restoration of County Roads.

APPLICANT SHALL SUBMIT TWO (2) COPIES OF THIS APPLICATION, CONSTRUCTION/WORK PLAN AND TRAFFIC CONTROL PLAN SHOWING THE PROPOSED WORK AREA, MAINTENANCE AND PROTECTION OF TRAFFIC DETAILS, AND ANY DATA NECESSARY FOR A COMPLETE UNDERSTANDING OF THE PROPOSED WORK AND RIGHT-OF-WAY IMPACTS. TRAFFIC CONTROL PLANS MUST CONFORM TO THE LATEST "MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES" AND THE CURRENT "NEW JERSEY DEPARTMENT OF TRANSPORTATION SAFETY SET-UP GUIDE". THE COUNTY WILL NOT BE RESPONSIBLE FOR ANY ERRORS, OMISSIONS OR MISINFORMATION GIVEN IN THE APPLICATION AND/OR ON THE ACCOMPANYING PLANS.

INSTRUCTIONS TO APPLICANTS FOR ROAD / BRIDGE PERMIT

CASH WILL NOT BE ACCEPTED – APPLICATION FEES ARE NON-REFUNDABLE

***FAILURE TO COMPLETE THE CHECKLIST BELOW MAY DELAY THE
PROCESSING OF YOUR APPLICATION:***

- | | Initial |
|--|---------|
| <input type="checkbox"/> Included is the required Application/Permit Fee | _____ |
| <input type="checkbox"/> Permit Charge \$50.00 RESIDENTS | |
| <input type="checkbox"/> Permit Charge \$250.00 COMMERCIAL/UTILITY | |
| <input type="checkbox"/> I/we have attached all required insurance information as detailed in the Monmouth County Regulations to Protect County Roadways, Related Facilities and Excavations | _____ |
| <input type="checkbox"/> Included are 2 copies of the construction/work plans, details and all other required information per Monmouth County Regulations, Requirements and Standards for County Roads | _____ |
| <input type="checkbox"/> I/we have a County approved Traffic Control Plan through an approved County Planning File # _____ | _____ |
| <input type="checkbox"/> Included are 2 copies of a site-specific traffic control plan and/or standard NJDOT Traffic Control Details | _____ |
| <input type="checkbox"/> I/we understand that no refunds will be made after an application has been filed | _____ |
| <input type="checkbox"/> Contact information for all contractors/subcontractors is attached to this application | _____ |

I/we certify that all information included in this application is true and accurate:

(Signature of Applicant)

(Date)

(Print or Type Your Name)

(Company & Title)

(Signature of Co-Applicant)

(Date)

(Print or Type Your Name)

(Company & Title)