



**Road Closing Permit
Borough of Seaside Heights
901 Blvd, Seaside Heights NJ 08751
(732) 793-9100**

Address/Location of work _____ Date _____

Block: _____ Lot: _____

Property Owner Info

Company/Contractor Performing Work

Name _____

Name _____

Street Address _____

Street Address _____

City, State, Zip _____

City, State, Zip _____

Phone # _____

License # _____

2 Job Contacts – NAME & PHONE #

Date and time Start _____ Finish Date and time _____

Description of Work

Signature

Must Include a Map of location with this application

<i>For Borough use only</i>	
Borough Administrator	_____
Road Department	_____
Code Enforcement	_____

***After receiving your approval submit this approved application
to the Police Department to set up road security.***

(732) 793-1800

Phone: _____ Email: _____ Other: _____ Date: _____ Initials: _____