New Jersey Turnpike Authority
APPLICATION FORM --- LICENSE TO CROSS

Applicant Information:

Business/Agency: _____

Address: _____

Contact Person: _____

Contact Telephone No.: _____

Tax ID No.: _____

Work Information:

Location of work: _____
(Municipality) (County)

Roadway:

Turnpike:_____ Parkway:_____
(Milepost) (Milepost)

If roadway and milepost are unknown, attach a location plan which can show the work location within 100 feet +/-.

Description of Work: _____
_____
_____
_____

Purpose of Work: _____
_____
_____
_____

Title and date of drawings prepared for this project: _____
_____
_____
_____

Scheduling Information:

Anticipated start of construction: _____
(Month) (Year)

Anticipated duration of project: _____

Application Date: _____

Signature:_____

Title: _____

NOTE: By signature of this document, the Applicant acknowledges all terms and conditions of New Jersey Administrative Code, Title 19, Chapter 9, Subchapter 5 (NJAC 19:9-5) shall apply to the requested License to Cross.