## BOROUGH OF ST. CLAIR

16 S. Third Street, St. Clair, PA 17970 Phone: (570) 429-0640 Fax: (570) 429-2829

## APPLICATION FOR ROAD OPENING PERMIT

I. APPLICANTS NAME:		TELEPHONE #:			
•		TELEPHONE #:			
	TELEPHONE #:				
ADDRESS:			· · · · · · · · · · · · · · · · · · ·		
INSURANCE CARRIER:	POLICY #:				
3. PURPOSE OF EXCAVATION:					
4. LOCATION OF EXCAVATION:					
	DAYS FOR COMPLETION:				
	THDEPTH				
7 METHOD OF RESTORATION:	CONCRE	CONCRETE BITUMINOUS			
8. SKETCH OF PROPOSED WORK: (Use area					
(SHOW LOCATION OF ROAD CUT, EDGE OF PAVEMENT, EDGE OF RIGHT			OPOSED UTILITY)	·	
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I.	the a	pplicant as listed above	execute	this applicatio	
this day of	20and 1	understand the requirement	ts of Boro	ough of St. Clai	
Ordinance Number and	road restoration	on requirements imposed by	said ordin	ance.	
SIGNATURE:		DATE:			
SIGNATURE.		9/1124		<del> </del>	
BOROUGH OF ST. CL.	AIR, INSPEC	TION and CALCULATION	OF FEES		
PERMIT FEES		INSPECTIONS			
Permit Issuance	\$ 100.00		110110		
Inspection Fee		Backfill	Date		
(See Fee Schedule)		Туре	1		
Restoration Deposit (see note 1)		Compaction Method			
(See Fee Schedule)		Temporary Restoration	Date		
TOTAL FEES DUE:		Final Restoration	Date	L	
Fees Paid (Date):	·		<u> </u>		
Note:  1. The one year retainer fee shall apply to all street excavation	ns within Borough S	Street right-of-ways. The retainer fee wil	l be returned to	the applicant after the c	
year responsibility of the applicant to correct any settlement of unsatisfactory due to settlement or defective work, the Borou additionally, for restoration of the excavation.	or defective work fo	llowing final restoration. If after one ye	ear from final re	storation the excavation	

PREMIT NUMBER: \_\_\_\_

Approved By:\_

ISSUE DATE:

Title:\_