

**BOROUGH OF JEFFERSON HILLS
STREET OPENING APPLICATION
925 OLD CLAIRTON ROAD
JEFFERSON HILLS, PA 15025**

APPLICANT'S NAME _____ BUSINESS ADDRESS _____

STARTING DATE ___ / ___ / ___ COMPLETION DATE ___ / ___ / ___

TELEPHONE NUMBER _____

NEAREST INTERSECTION STREET TO OPENING _____

NAME OF STREET TO BE OPENED _____

STREET NUMBERS OF ABUTTING PROPERTIES _____

SIZE OF OPENING _____ WIDTH _____ DEPTH _____ LENGTH _____

DISTANCE OF OPENING FROM CURB OR PAVEMENT EDGE (FEET) _____

PURPOSE OF OPENING _____

I (We) hereby agree to be bound by te provisions of the ordinances, specifications, and regulations of the Borough of Jefferson Hills governing openings in or under municipal streets and to such special conditions, restrictions and regulations as may be imposed by the Public Service Coordinator.

Applicant's Signature

PERMIT FEE \$ _____

Date of Application

DO NOT WRITE BELOW THE DOUBLE LINE - FOR DEPARTMENT USE ONLY

PLANS APPROVED BY COUNCIL (Over 500 Feet) _____

DATE APPLICATION APPROVED _____

DEPOSIT AND REFUND INFORMATION:

BOND INFORMATION:

_____ Amount Deposited

_____ Amount of Bond

_____ Cost of Work

_____ Expiration Date

_____ Receipt No.

DATE OF REFUND _____

RESTORATION DATE _____

DATES OF INSPECTIONS AND BY WHOM:

_____ / _____ / _____

REASON PERMIT REVOKED _____

_____ BY WHOM _____

DATE REVOKED _____

The applicant is hereby authorized to make an opening in or under named street at the location designated; provided, however, all work is performed in accordance with the applicant's plans, the Borough Ordinances, specifications, and regulations governing street openings and the following special conditions:

of such special conditions as may be imposed during the performance of the authorized work.

Date Application Approved: _____

Public Service Coordinator

