

**ELIZABETH TOWNSHIP** 

522 ROCK RUN ROAD • ELIZABETH, PA 15037 PHONE 412-751-2880 • FAX 412-751-6002 www.elizabethtwppa.com

## **Street Opening Permit Application**

Name:       E-Mail:         Address:       Ip:       Phone:         CONTRACTOR INFORMATION       Fax:         Name:       E-Mail:         Address:       E-Mail:         Address:       Ip:       Fax:         CONTRACTOR INFORMATION       Phone:         Address:       Ip:       Fax:         City:       State:       Ip:       Fax:         COCATION INFORMATION       Eaxavation?       Name of street(s) where work will take place:       Name of street(s) where work will take place:       Name of cross streets:       Vers       Name of excavation in paved area:       Vers       Name of cross streets:       Vers       Name of cross streets:       Vers       Vers       Name of excavation in paved area:       Vers       Vers <th colspan="8">APPLICANT INFORMATION</th>	APPLICANT INFORMATION							
City: State: Zip: Fax:     CONTRACTOR INFORMATION     Name: E-Mail:   Address:   City: State: Zip:   Fax:   Phone:   City:   State: Zip:   Fax:   CONTROCTOR INFORMATION   Will curb be disturbed?   Ves   No   Will curb be disturbed?   Yes   No   Type of Excavation?   Name of street(s) where work will take place:   Type of street surface:   EXCAVATION INFORMATION   Length of excavation in paved area:   Length of excavation in unpaved area: Width of excavation in unpaved area:   Length of excavation in unpaved area: Width of excavation in unpaved area:   Reason for work:   Date:   Applicant Signature: Applicant Signature:   All work must be completed in accordance with the Elizabeth Township Code Chapter 21 – Part 1 Street Excavation   PERMIT COST   25 Linear Feet \$ 350.00   Each additional linear foot after 25 \$ \$2.00/each additional linear foot	Name:	Name: E-M						
CONTRACTOR INFORMATION         Name:       E-Mail:         Address:       Phone:         City:       State:       Zip:       Fax:         LOCATION INFORMATION         Will work take place within a Township right-of-way?       Yes       No       Will curb be disturbed?       Yes       No         Type of Excavation?         Name of street(s) where work will take place:         Name of street(s) where work will take place:         Visit of excavation in paved area:         Length of excavation in paved area:         Length of excavation in unpaved area:         Width of excavation in paved area:         Length of excavation in unpaved area:         Width of excavation in unpaved area:         Length of excavation in unpaved area:         Length of excavation in unpaved area:         Width of excavation in unpaved area:         Emergency repair?         Yes       No         If yes       No         If yes       No         Joate:       Applicant Signature:         All work must be completed in accordance with the Elizabeth Township Code Chapter 21 – Par	Address:				Phone:			
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	25 Linear Feet			\$ 350.00				
	Each additional linear foot after 25			\$ \$2.00	\$ \$2.00/each additional linear foot			
	Maintenance Bond				\$5,000.00			

TOWNSHIP USE ONLY								
Date Received: Application Fee:		Bond Included:	Yes	□ No				
Comments:								
Permit: 🗆 Issued 🗆 Denied Give Reason:								
Date Permit Issued:		Permit #						

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