

CANONSBURG BOROUGH

68 EAST PIKE STREET • CANONSBURG, PA 15317

PHONE (724) 745-1800 • FAX (724) 745-8850

www.canonsburgboro.com

STREET OPENING AND EXCAVATION PERMIT APPLICATION

OFFICIAL USE ONLY

APPLICATION NO:

APPLICANT MUST SUBMIT TWO (2) COPIES OF APPLICATION & ALL SUPPORTING DOCUMENTS WITH REQUIRED FEES

SECTION 1 APPLICANT INFORMATION

DATE:

CONTACT LAST NAME:

FIRST NAME:

ORGANIZATION NAME:

MAILING STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

SECTION 2 SCOPE OF WORK INFORMATION

2A - APPROXIMATE LOCATION OF WORK

STREET ADDRESS - START:

STREET ADDRESS - END:

2B - GENERAL NARRATIVE OF WORK

2C - CONSTRUCTION SCHEDULE

START DATE:

APPROX. COMPLETION DATE:

2D - SIZE OF EXCAVATION

LENGTH:

FEET

WIDTH: FEET

SQUARE FEET:

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2E - AFFECTED AREAS <i>(check all that apply)</i>
<input type="checkbox"/> CENTER OF ROAD <input type="checkbox"/> DRIVING LANE <input type="checkbox"/> CURB AND/OR EDGE OF ROAD <small>(Restoration shall be opening repair plus one (1) foot on each side)</small>
<input type="checkbox"/> SIDEWALK <small>(Restoration shall be portion of sidewalk removed / joint to joint)</small>
<input type="checkbox"/> DRIVEWAY <small>(Restoration shall be portion of driveway disturbed)</small>
<input type="checkbox"/> PUBLIC RIGHT-OF-WAY <small>(Restoration shall be replaced in-kind)</small>
NOTES: 1. Restoration of all excavated, removed, or disturbed areas shall be per Borough specifications. 2. Final inspection / acceptance of the restoration shall be at the discretion of the Borough.

SECTION 3 REQUIRED SUBMITTALS
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<input type="checkbox"/> ONE-CALL PROVIDE SERIAL NUMBER:
<input type="checkbox"/> CERTIFICATE OF INSURANCE INDICATING WORKERS' COMPENSATION AND LIABILITY COVERAGE
<input type="checkbox"/> PERFORMANCE AND MAINTENANCE BONDS
<input type="checkbox"/> APPLICATION AND GUARANTEE FEES (CERTIFIED or CASHIERS CHECK)
<input type="checkbox"/> PLANS OR SKETCH ACCURATELY DEPICTING SCOPE OF WORK

SECTION 4 FEE CALCULATION / APPLICATION FEE <i>(complete all that apply)</i>

4A	<input type="checkbox"/> STREET OPENING AND EXCAVATION	\$1.00 per SQ FT of Opening	\$500.00 Minimum Fee
SQ FT:	x \$1.00 = \$	> \$500 ? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, FEE = \$500.00

4B	<input type="checkbox"/> CURB CUT / DRIVEWAY RECONSTRUCTION	\$1.00 per LF of Curb / \$1.00 per SF of Driveway	\$250.00 Minimum Fee
(1) CURB LF:	x \$1.00 = \$	(2) DRIVEWAY SF:	x \$1.00 = \$
(1) + (2) = \$		> \$250 ? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, FEE = \$250.00

4C	<input type="checkbox"/> SIDEWALK CONSTRUCTION & REPAIR	\$1.00 per SQ FT of Sidewalk	\$100.00 Minimum Fee
SQ FT:	x \$1.00 = \$	> \$100 ? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, FEE = \$100.00

4D	<input type="checkbox"/> PUBLIC RIGHT-OF-WAY DISTURBANCES	\$100.00 FLAT FEE	**REQUIRED**
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TOTAL APPLICATION FEES (4A+4B+4C+4D) =	\$
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SECTION 5
RESTORATION GUARANTEE CALCULATION
(received as Certified Check or Cashier's Check)

5A BASE REPAIR COSTS **\$4.25 per SQ FT**

SQ FT: _____ x \$4.25 = \$ _____

5B PAVEMENT REPLACEMENT **\$2.50 per SQ FT**

SQ FT: _____ x \$2.50 = \$ _____

NOTE: Pavement Area = Curb to curb width and twenty-five (25) feet from each end of opening.

5C DRIVEWAY REPLACEMENT **\$12.00 per SQ FT**

CONCRETE DRIVEWAY

SQ FT: _____ x \$12.00 = \$ _____

ASPHALT DRIVEWAY

SQ FT: _____ x \$3.00 = \$ _____

5C SIDEWALK REPLACEMENT **\$12.00 per SQ FT**

SQ FT: _____ x \$12.00 = \$ _____

5D LAWN REPLACEMENT **\$5.00 per SQ FT**

SQ FT: _____ x \$5.00 = \$ _____

TOTAL RESTORATION GUARANTEE (5A+5B+5C+5D) = **\$** _____

SECTION 6
CERTIFICATIONS

I, the applicant or Authorized Representative, hereby agree to save the Borough, its Officers, Engineer, Police, and Agents harmless from any and all costs, damages, and liabilities that may accrue or be claimed to accrue by reason of such work performed under said permit.

APPLICANT CERTIFICATION:

 PRINTED NAME

 SIGNATURE

 ORGANIZATION

 DATE

 PHONE

 EMAIL

**CANONSBURG BOROUGH
STREET OPENING AND EXCAVATION PERMIT APPLICATION**

ACKNOWLEDGEMENT – OFFICIAL USE ONLY

YEAR - NO. - REVISION

APPLICATION NUMBER: _____

DATE APPLICATION COLLECTED: _____

APPROVED: **YES** **NO**

DATE APPLICATION APPROVED: _____

FEES RETURNED: **YES** **NO**

IF DENIED, DATE RETURNED: _____

AMOUNT OF FEES COLLECTED : _____
(SECTION 4)

DATE FEES COLLECTED: _____

CHECK NO(s): _____

GUARANTEE TYPE: **CHECK** **BOND**

AMOUNT OF GUARANTEE COLLECTED: _____
(SECTION 5)

CHECK/BOND DATE: _____

CHECK/BOND NO: _____

DATE GUARANTEE COLLECTED: _____

DATE PERMIT ISSUED: _____

PERMIT NUMBER: _____

NAME OF OFFICIAL/AGENT: _____

SIGNATURE OF OFFICIAL/AGENT: _____

OFFICIAL/AGENT TITLE: _____

DATE: _____

INSPECTION – OFFICIAL USE ONLY

RESTORATION APPROVAL DATE: _____

APPROVED BY: _____

**CANONSBURG BOROUGH
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<i>APPLICATION NO:</i>

PLAN/SKETCH OF WORK AREA

