

# East Deer Township

OFFICE NO: 724-224-3434 FAX NO: 724-224-0564

## Street Opening Permit Application

Permit fee: \_\_\_\_\_ Permit No: \_\_\_\_\_  
Bond Amount: \_\_\_\_\_ Bond No: \_\_\_\_\_  
Date Filed: \_\_\_\_\_ Plans included: Y/N  
Date issued: \_\_\_\_\_ Date expired: \_\_\_\_\_

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

Ordinance Officer: \_\_\_\_\_

(Office use only)

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No work shall commence until the East Deer Township has approved the application and plans and issued a permit, and until the permit tee fees has paid and approved all fees, deposits, certificates and bonds required by this part.

All applicants need to furnish 2 sets of plans showing the work to be performed under such permit.

Each applicant shall provide the East Deer Township with an acceptable cash bond or corporate surety bond to guarantee faithful performance of the work authorized by a permit granted the amount of the bond shall be 100 percent of the estimated cost of restoring the street opening.

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Purpose of Opening: \_\_\_\_\_

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Size of Opening: \_\_\_\_\_ Width Depth Length: \_\_\_\_\_

Name of Street to be Opened: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Phone # Ext. : \_\_\_\_\_ Cell # \_\_\_\_\_

**Street Opening Permit Application Pg. 2**

Street Numbers of abutting property: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

I/We hereby certify that all of the above information is true and correct to the best of my/our knowledge. I certify that all notices to property owners and tenants have been made in accordance with Township Code of Ordinances. The undersigned agrees to pay all applicable fees and deposits required in accordance with Township ordinances and resolutions

Phone # \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Ext: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_