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						
ANTICIPATED START DATE:			APPROX. CC	MPL	ETION DATE:	
2D - SIZE OF EXCAVATION						
LENGTH:	FEET	WIDTH:	FEE	Т	AREA:	SQ FT

2E - AFFECTED AREAS	(check all that apply)				
CENTER OF ROAD (Restoration shall be opening)	DRIVING LANE ng repair plus one (1) foot on each side)	CURB AND/OR EDGE OF ROAD			
SIDEWALK (Restoration	SIDEWALK (Restoration shall be portion of sidewalk removed / joint to joint)				
DRIVEWAY (Restoration shall be portion of driveway disturbed)					
PUBLIC RIGHT-OF-WAY (Restoration shall be replaced in-kind)					
 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

ONE-CALL PROVIDE SERIAL NUMBER:

CERTIFICATE OF INSURANCE INDICATING WORKERS' COMPENSATION AND LIABILITY COVERAGE

PERFORMANCE AND MAINTENANCE BONDS

APPLICATION AND GUARANTEE FEES (CERTIFIED or CASHIERS CHECK)

□ PLANS OR SKETCH ACCURATELY DEPICTING SCOPE OF WORK

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

4A STREET OPENING AND EXCAVATION	≤100 SQ FT = \$1.00/SQ FT ; >100 SQ FT = \$1.00/LF
For 0-100 SQ FT	
SQ FT: x \$1.00 =	
For 100, 50 FT	
For 100+ SQ FT LF: x \$1.00 =	
LT X \$ 1.00	
4B CURB CUT / DRIVEWAY RECONSTRUCTION	\$1.00/LF Curb and \$1.00/SQ FT of Driveway
(1) CURB LF: x \$1.00 =	(2) DRIVEWAY SQ FT: x \$1.00 =
(1) + (2) =	
4C SIDEWALK CONSTRUCTION & REPAIR	\$1.00/ SQ FT of Sidewalk
	\$1.00/ SQ FT OF SIDEWAIK
SQ FT: x \$1.00 =	
4D DUBLIC RIGHT-OF-WAY DISTURBANCES	\$100.00 FLAT FEE **REQUIRED FOR ALL APPLICATIONS**
TOTAL APPLICATION FEES (4A+4B+4C+4D) = \$	

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SECTION 5 RESTORATION GUARANTEE CALCULATION (received as a Bond)

5A BA	ASE REPAIR COSTS		\$4.25 per SQ FT	
SQ FT:	x \$4.2	5 = \$		
5B PA	VEMENT REPLACEMENT		\$2.50 per SQ FT	
SQ FT:	x \$2.5	0 = \$		
 NOTE: Pavement Area is dependent upon excavation location. 1. For openings 0-100 SQ FT: minimum 5-ft cutback mill and resurface. 2. For openings over 100 SQ FT: curb-curb mill and resurface, includes 15-ft on each end of the opening. 3. Any excavation, regardless of opening size, that crosses the centerline of the roadway will require full width curb-curb mill and resurface, including 15-ft on each end of the opening. 				
5C DF			\$12.00 per SQ FT	
CONCR	ETE DRIVEWAY			
SQ FT:	x \$12.0	0 = 3	\$	

\$12.00 per SQ FT

\$5.00 per SQ FT

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

x \$3.00 = \$

x \$12.00 = \$

x \$5.00 = \$

ASPHALT DRIVEWAY

5C SIDEWALK REPLACEMENT

5D LAWN REPLACEMENT

SQ FT:

SQ FT:

SQ FT:

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SECTION 6 CERTIFICATIONS						
•	, 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				

ACKNOWLEDGEMENT – OFFICIAL USE ONLY				
	<u>YEAR</u> - <u>NO</u> <u>REVISION</u>			
APPLICATION NUMBER:				
DATE APPLICATION COLLECTED:				
APPROVED:				
DATE APPLICATION APPROVED:				
FEES RETURNED:				
IF DENIED, DATE RETURNED:				
AMOUNT OF FEES COLLECTED : (SECTION 4)				
DATE FEES COLLECTED:				
CHECK NO(s):				
GUARANTEE TYPE:				
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:				

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PLAN/SKETCH OF WORK AREA

(Sketch must include the dimensions of the excavation and reference the roadway centerline)