

PERMIT#: _____

DATE: _____

**BOROUGH OF PITCAIRN
STREET OPENING - SIDEWALK OPENING - GRASSPLOT OPENING
PERMIT APPLICATION**

LOCATION: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

SIGNATURE OF APPLICANT: _____

BOROUGH OFFICE CONTACT NUMBER 412-372-6500

• MUST CONTACT OFFICE 24 HOURS IN ADVANCE OF INITIAL DIG	DATE	TIME
• MUST CONTACT OFFICE FOR INSPECTION PRIOR TO BACK-FILLING OPENING		
• MUST CONTACT OFFICE 24 HOURS IN ADVANCE OF FINAL RESTORATION		

• OPENING TYPE _____ STREET _____ SIDEWALK _____ GRASSPLOT _____ DRIVEWAY

• PA ONE CALL SERIAL NUMBER: _____

• CURRENT PERFORMANCE BOND ON FILE: _____

• AREA MUST BE MARKED IN WHITE - COMPLETED: YES / NO

• NUMBER OF OPENINGS: _____

• APPROXIMATE SIZE OF EACH OPENING: _____

• APPROXIMATE DISTANCE TO & NAME OF NEAREST INTERSECTION: _____

• APPROXIMATE DISTANCE FROM CENTER OF ROAD TO WORK AREA: _____

DESCRIPTION OF WORK & PURPOSE:

SKETCH OF WORK AREA - AT A MINIMUM MUST INCLUDE: STREET AREA, CURB LINES, SIDEWALK LOCATIONS, AND RIGHT-OF-WAY LINES. (Attach additional paperwork if necessary).

EXPIRATION DATE (90 DAYS): _____

ACCEPTED BY BOROUGH REPRESENTATIVE: _____ DATE _____

FIELD INSPECTED BY BOROUGH INSPECTOR: _____ DATE _____

TOTAL SQUARE FEET OF OPENING: _____

**PERMIT FEE + INSPECTION FEE + DEGRADATION FEE (if applicable)
IS PAYABLE AT THE TIME OF PERMIT APPLICATION!**

\$ _____ + \$ _____ + \$ _____ = \$ _____ Rec# _____

Borough of Pitcairn
609 Broadway
Pitcairn, PA 15140
(412) 372-6500

STREET OPENING PERMIT

Date: _____

Permit No. _____

Work Location _____

Property Owner Name _____

Property Owner Phone Number _____

Lot and Block No. _____

Company Performing Work _____

Company Phone Number _____

Company Contact Person _____

	<u>FEE</u>	<u>Amount Owed</u>
Street Opening	\$150	
Inspection Fee - \$2.00 per Sq. Ft.		
Minimum Inspection Fee	\$50	
Sidewalk Opening	\$50	
Inspection Fee - \$1.00 per Linear Foot		
Minimum Inspection Fee	\$25	
Sidewalks (less than 12" deep) Opening	\$25	
Grassplot Opening	\$25	
Inspection Fee - \$1.00 per Sq. Ft.		
Minimum Inspection Fee	\$25	
Total Due		

Check # _____ Date Paid _____

Insurance Certificate _____ Performance Bond _____

Maintenance Bond _____

**ONE COPY OF THIS PERMIT
MUST BE PROMINENTLY POSTED
AT THE JOB SITE AT ALL TIMES.**