

BOROUGH OF HATFIELD

401 South Main Street, PO Box 190, Hatfield, PA 19440

Ph: 215-855-0781 Fax: 215-855-2075

STREET OPENING PERMIT APPLICATION

WO#: _____

FEE: _____

APPLICANT: _____ DATE: _____

APPLICANT ADDRESS: _____

CLERK: _____ PHONE #: _____

24-HR EMER. PHONE #: _____ EMAIL: _____

ADDRESS/LOCATION OF PROPOSED WORK: _____

LOCAL STREET: _____ COUNTY ROAD: _____ STATE ROAD: _____ (STATE PERMIT REQUIRED)

TYPE OF WORK TO BE PERFORMED: _____

DIMENSION OF PROPOSED WORK: _____ (PROVIDE A MAP AND DETAILS ON A SEPARATE PAGE)

DATE WORK IS TO BEGIN: _____ COMPLETION DATE: _____ (10 DAY MAXIMUM)

DETOUR REQUIRED? YES _____ NO: _____ (IF YES, PLEASE PROOVIDE DETOUR ROUTE ON A SEPARATE SHEET.)

PA ONE-CALL SERIAL NUMBER: _____

The applicant agrees with the following terms & conditions:

___ All work shall be in compliance with The Hatfield Borough Code, Chapter 21, (Streets & Sidewalks) and PA Department of Transportation specifications.

___ Contact the Borough Engineer at least 72 hours prior to any required inspecation.

Signature of Applicant: _____ Date: _____

Application approved by: _____ Date: _____

Final Inspection by: _____ Date: _____

Comments: _____

