

**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: \_\_\_\_\_

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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: \_\_\_\_\_