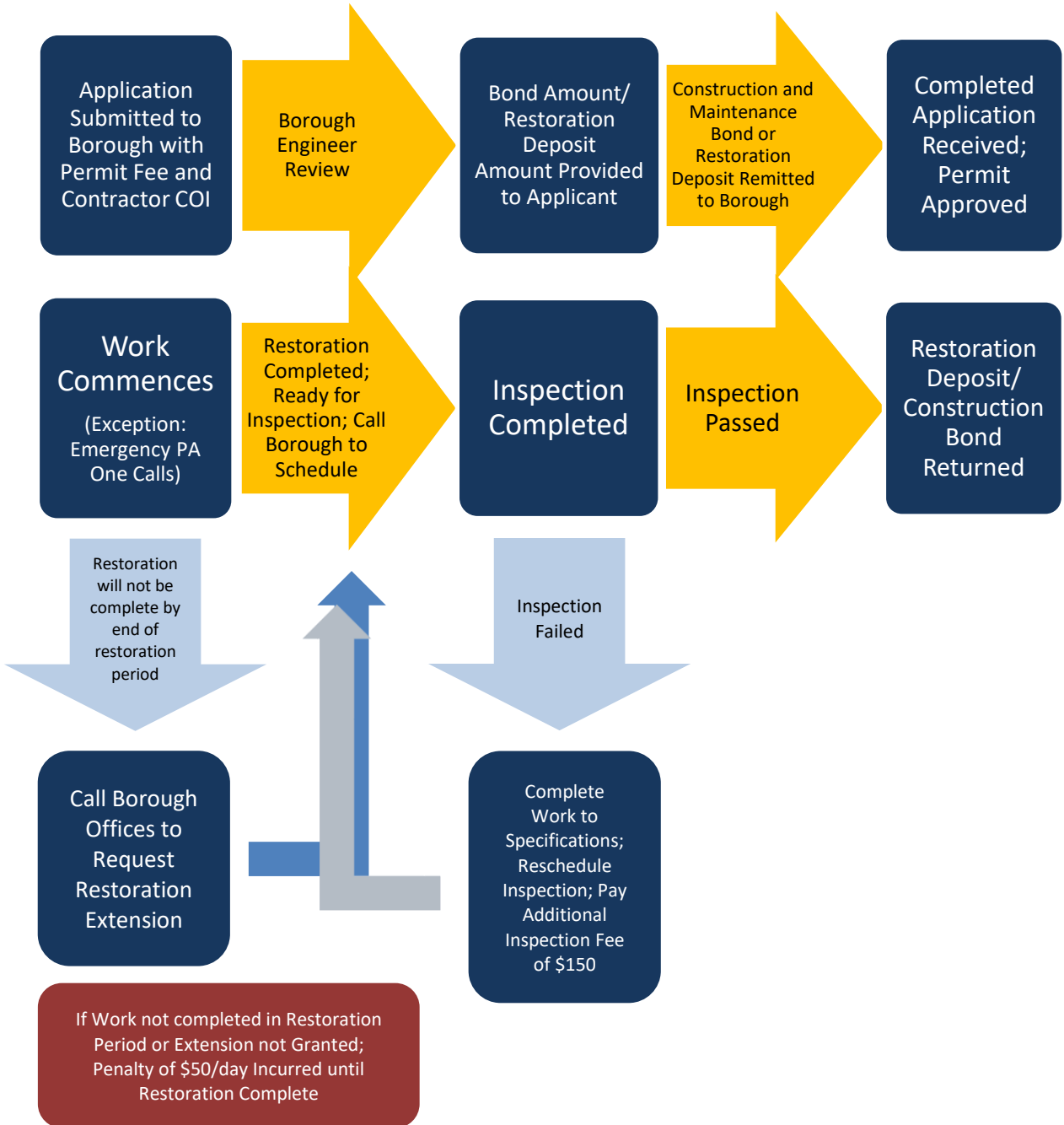




BOROUGH OF DORMONT
APPLICATION FOR STREET/SIDEWALK OPENING PERMIT

PERMIT PROCESS





BOROUGH OF DORMONT
APPLICATION FOR STREET/SIDEWALK OPENING PERMIT
INITIAL INSPECTION & ADMINISTRATION FEE \$175
+ CERTIFICATE OF GENERAL LIABILITY INSURANCE - DUE AT TIME OF FILING

DATE OF APPLICATION _____

PA ONE CALL SERIAL NUMBER _____

****One application per Excavation/Emergency One Call Serial Number****

LOCATION/ADDRESS OF OPENING _____

DESCRIPTION OF WORK _____

APPLICANT

(COMPANY NAME)

(PHONE)

(ADDRESS)

(CONTACT PERSON)

(EMAIL)

ARE YOU SUBCONTRACTING FOR ANOTHER PARTY? YES ___ NO ___

IF YES, PLEASE PROVIDE NAME OF PARTY YOU ARE PROVIDING WORK FOR:

PARENT

COMPANY:

(COMPANY NAME)

(PHONE)

(CONTACT PERSON)

(EMAIL)

SIZE OF OPENING: STREET _____ WIDE X _____ DEEP X _____ LONG

SIDEWALK _____ WIDE X _____ DEEP X _____ LONG DRAWINGS INCLUDED: YES ___ NO ___

ESTIMATED START DATE _____ TARGET COMPLETION DATE _____

By signing below, we agree to perform this work in accordance with the provisions of the ordinances, specifications, and construction standards of the Borough of Dormont governing openings in and under municipal streets and to such special conditions, restrictions and regulations as may be imposed by the Borough. Restoration is to be completed within a 30-day period post construction. A penalty of \$50/day will be imposed for failure to complete restoration within the designed time period. If the construction schedule changes, contact the Borough Manager to be granted an extension. Extensions are not guaranteed. After work is completed, we will call the Borough office at 412-561-8900 ext. 1 to schedule an inspection.

APPLICANT PRINTED NAME _____

APPLICANT SIGNATURE _____

OFFICE USE ONLY

PERMIT FEES:

ADDITIONAL INSPECTIONS: _____
DATE(S): _____ AMOUNT DUE: _____
PENALTY FEES \$50/DAY: NUMBER OF DAYS _____ AMOUNT DUE \$ _____
RESTORATION DEPOSIT/BOND AMOUNT - MINIMUM \$50 \$ _____
RESTORATION DEPOSIT RECEIVED - DATE: _____
CONSTRUCTION BOND ON FILE ____ YES ____ NO
MAINTENANCE BOND ON FILE ____ YES ____ NO
RESTORATION DEPOSIT/CONSTRUCTION BOND RETURNED – DATE: _____
MAINTENANCE BOND RETURNED – DATE: _____

APPROVED FOR ISSUANCE _____ DATE _____
(BOROUGH ENGINEER)

EXTENSION REQUESTS

DATE _____ REASON _____

NEW DEADLINE FOR RESTORATION _____

APPROVAL PROVIDED BY _____

DATE _____ REASON _____

NEW DEADLINE FOR RESTORATION _____

APPROVAL PROVIDED BY _____

DATE _____ REASON _____

NEW DEADLINE FOR RESTORATION _____

APPROVAL PROVIDED BY _____