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## BOROUGH OF ORWIGSBURG APPLICATION FOR STREET OPENING PERMIT

Borough of Orwigsburg  
 209 N. Warren Street.  
 Orwigsburg, PA 17976

1. APPLICANTS NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_
2. EXCAVATORS NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_
3. PURPOSE OF EXCAVATION: \_\_\_\_\_
4. LOCATION OF EXCAVATION: \_\_\_\_\_
5. START DATE: \_\_\_\_\_ DAYS FOR COMPLETION: \_\_\_\_\_
6. DESCRIPTION OF EXCAVATION: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_
7. SKETCH OF PROPOSED WORK: (Use area below or attach separate sheet)

(SHOW LOCATION OF ROAD CUT, EDGE OF MACDAM, EDGE OF RIGHTOFWAY, STREET NAME, HOME LOCATION, EXISTING UTILITIES, PROPOSED UTILITY)

I, \_\_\_\_\_ the applicant as listed above execute this application this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and understand the requirements of Borough of Orwigsburg Ordinance and road restoration requirements imposed by said ordinance.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

BOROUGH OF ORWIGSBURG REVIEW, INSPECTION and CALCULATION OF FEES			
PERMIT FEES		INSPECTIONS	
Permit Issuance	\$ 150.00	Road Cutting Method	
(A.) Restoration Deposit (See Note 1) (Per Section 11.A of Ordinance)		Backfill	Date
		Type	
(B.) Inspection Fee (Per Section 11.B. of Ordinance - \$3.00 Per Sq. Ft.)		Compaction Method	
		Temporary Restoration	Date
<b>TOTAL FEES DUE:</b>		Final Restoration	Date
<b>Fees Paid (Date):</b>			

**Note:**

1. The one-year restoration deposit shall apply to all street excavations within Borough Street right-of-ways. The restoration deposit (minus 15%) will be returned to the applicant after the one-year responsibility of the applicant to correct any settlement or defective work following final restoration. If after one year from final restoration the excavation is unsatisfactory due to settlement or defective work, the Borough may chose to correct the excavation and deduct the cost from the restoration deposit, or bill the applicant additionally, for restoration of the excavation. Permit fees and inspection fees are non-refundable.

**PREMIT NUMBER:** \_\_\_\_\_ **ISSUE DATE:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Title:** \_\_\_\_\_