

BOROUGH OF AMBRIDGE 600 ELEVENTH STREET AMBRIDGE, PA 15003 724-266-4070

STREET OPEN	VING & SIDEWALK	PERMIT APPLICAT	TION <u>\$250.00</u>
1. Applicant's Name:		2. Business Address & Phone Number:	
3. Start Date: (M/D/YR)	4. Completion Date:	5. Name of Street to be Opened:	
6. Nearest Intersecting Street to Opening:		7. Street Numbers of Abutting Properties:	
8. Size of Opening:		9. Distance of Opening from Curb or Pavement Edge (Feet):	
Width	DepthLength		
10. Purpose of Opening:			
in or under municipal stre Superintendent.	ets and rights-of-way, and to such		tions of the Borough governing openings I regulations as many be imposed by the
SEE INSTRUC	TIONS ATTACHED		
TO APPLICATI	ON-PERMIT FORM		
		Applicant's Signature (Date)	
11. Plans Approved By:		12. Date Application Approved: (M/D/YR)	
13. Deposit and Refund Information:		14. Bond Information:	
Amount Deposited \$ Receipt No.		Bond Amount: \$ Expiration	
Amount Refunded \$		Date(M/D/YR)	
15: Date of Refund: (M/D/YR)		16. Restoration Date: (M/D/YR)	
17. Dates of Inspections &	By Whom:		
18. Reason Permit Revoked	d:	By Whom: Date F	Revoked: M/D/YR
19. Insurance Information:		20. Workman's Comp Information:	
provided, however, al			reet at the location designated; forough's ordinances, specifications
or such special conditi	ons as may be imposed during th	e performance of the authorized v	work.
Permit Number:			
2022-ms		Superintendent's Signature	(Date)

### 265 Attachment 3

### **Borough of Ambridge**

### **Street Opening and Excavation Figures**









































