

**BOROUGH OF STROUDSBURG
STREET OPENING APPLICATION AND PERMIT**

Permit # _____

Applicant: _____

Address: _____

Property Owner: _____

Location of Street Opening: _____

Purpose of Street Opening: _____

Final Size of Opening – Trench Length _____ Width _____ Depth _____

Start Date: _____ **PA ONE CALL SERIAL #** _____

Contractor: _____

Mailing Address of Contractor: _____

Phone # of Contractor: (Day) _____ (Evening) _____

Degradation Option: (A) _____ (B) _____

PLEASE NOTE Permit and degradation fee (if any) will be calculated by the Borough. A deposit will be calculated by the Borough on the basis of the schedule and will be held for a period of two (2) years from the date of the final release inspection. Deposit will be refunded upon written request. Work zone traffic control plans should be submitted with this application. Technical specifications, including restoration and fee schedules, are available upon request.

Signature: _____ Date: _____

Permit Approval: _____ Date: _____
Borough Manager

Application/Inspection Fee (including four hours inspection) _____

Degradation Fee: _____

Deposit: _____

TOTAL: _____

Work Zone Traffic Control Plan (Penn D.O.T. Publication 213) – attached and approved _____

Signature of Street Department Representative: _____

Paid: _____ Received by: _____

Work to be completed by: _____

Commencement of Work Notification: Date: _____ Time: _____

Backfill and Temporary Restoration: Date: _____ Time: _____

Approved: _____ Not Approved: _____

Comments: _____

Final Restoration Inspection: Date: _____ Time: _____

Approved: _____ Not Approved: _____

Comments: _____

Option B Final Maintenance and Inspection (two years after final restoration) Date: _____

Approved: _____ Not Approved: _____

Comments: _____

Final Fees or Monies owed to the Borough: _____