



**BOROUGH OF EAST 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 ONE (1) year 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: _____

Public Works Director

Application/Inspection Fee (including four hours inspection): _____

Degradation Fee: _____

Deposit: _____

TOTAL: _____

Work Zone traffic Control Plan (PennDOT Publication 213) – attached and approved: _____

Signature of Public Works Representative: _____

Paid: _____ Received By: _____

Work to be completed by: _____

Commencement of Work Notification: Date: _____ Time: _____

Backfill and Temporary Restoration: Date: _____ Time: _____

Approved: _____ Denied: _____

Comments: _____

Final Restoration Inspection: Date: _____ Time: _____ Approved By: _____

Approved: _____ Denied: _____

Comments: _____

PLEASE NOTE: Permittee shall be responsible for maintenance of street opening for one (1) after approved final restoration inspection.

Final Fees or Monies owed to the Borough: _____