

Road Opening Permit Application

Location _____

Project description _____

Applicant: Contractor Property Owner Other _____

Applicant _____

Contractor _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Email _____

Email _____

Phone _____

Phone _____

Anticipated start date _____

1. Certificate of Insurance to be provided, which names Trappe Borough as an Additional Insured party, and includes: property liability coverage in an amount equal to or greater than the costs of construction, adequate worker's compensation coverage.
2. An Owner's Authorization Form should be provided if the applicant is not the owner of record for the property where the work is to be done.
3. 2 sets of plans, dimensions, trenching & restoration details
4. The contractor shall notify PA One Call at least 3 working days prior to the start of excavation

Applicant has read and is familiar with Trappe Borough Code Section 286 outlining requirements for Road Openings, repairs and restoration. I agree that the work shall be performed in strict compliance with the ordinances and regulations of the Borough and the laws of the commonwealth relating thereto should be provided.

Applicant shall well and truly save, defend and keep harmless the Borough from and indemnify it against any and all actions, suits, demands, payments, costs and charges for or by reason of the proposed opening should be provided. Permit fees are not refundable.

Signature of Applicant

Company/Contractor

Print Name of Applicant

Date

FOR BOROUGH USE ONLY:

* Permit Fee: _____

Amount Paid: _____ Received: _____

Payment Type: Cash _____ Check # _____

Verified: _____

- PAYMENT NOTED ABOVE
- PLANS / DOCUMENTATION
- CERTIFICATE OF INSURANCE
- WORKER'S COMP COVERAGE
- HOA APPROVAL (if applicable)
- ANY/ALL APPROVED ZONING PERMITS

PARCEL ID# _____

BLOCK : _____

UNIT: _____

ZONING DISTRICT: _____

PERMIT # _____

Borough Official Approval

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