

**WHITEHALL TOWNSHIP, PENNSYLVANIA  
DEPARTMENT OF OPERATIONS**

610-437-5524 ext. 1138

# APPLICATION FOR STREET EXCAVATION PERMIT

APPLICATION DATE \_\_\_\_\_

ISSUANCE DATE \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

Application is hereby made by the undersigned to excavate the street known as \_\_\_\_\_

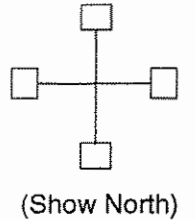
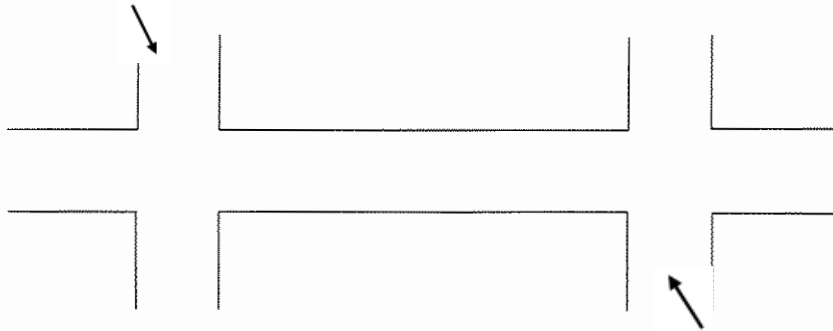
\_\_\_\_\_ for the purpose of \_\_\_\_\_

Work to commence \_\_\_\_\_ and to be completed \_\_\_\_\_ Opening to be \_\_\_\_\_ feet long and \_\_\_\_\_ feet wide.

Will any public right of way sidewalks be effected or replaced? \_\_\_ Yes \_\_\_ No

If so, prior to the issuance of this permit, a Curb & Sidewalk Permit must be applied for in conjunction with this permit.

**Show Work Area  
(include cross streets)**



Depth of Excavation: \_\_\_\_\_

(If above area is insufficient, attach sketch showing location and dimensions of openings.)

TYPE OF PAVEMENT	YARDAGE	PRICE	RESTORATION DEPOSIT AMOUNT

\* This deposit is required to cover the cost of Street restoration in the event that the work performed by applicant is unsatisfactory. The deposit shall be retained by the Township until the final restoration is satisfactorily completed then 75% will be released. The remaining 25% will be held for 24 month Maintenance Period from the final restoration date.

* TOTAL RESTORATION DEPOSIT	\$
** STREET DEGRADATION FEE	\$
ISSUANCE FEE	\$
OCCUPANCY FEE	\$
INSPECTION FEE	\$
<b>TOTAL</b>	<b>\$</b>

\*\*The Street Degradation Fee is a penalty for opening a street within 10 years of its resurfacing.

The applicant hereby agrees to observe all applicable Township ordinances, specifications, rules and regulations under which this Permit is issued. Applicant is responsible to notify all affected police, fire, ambulance depts. as well as schools or other public utilities of proposed work. **Applicant further agrees to notify the Department of Operations at least 24 hours prior to start of work and PA One Call (1-800-242-1776) three (3) days before start of work.** PA ONE CALL ID # \_\_\_\_\_

**CONDITIONS OF PERMIT:**

\_\_\_\_\_

Address of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Phone Number \_\_\_\_\_

Print Name \_\_\_\_\_

Contractor's Business Privilege License No. \_\_\_\_\_

Approved \_\_\_\_\_

Whitehall Township

Email Address \_\_\_\_\_

Penalty \$ \_\_\_\_\_

Revocation Date \_\_\_\_\_

Permit No. Granted \_\_\_\_\_