



BOROUGH OF SHARPSBURG

Street Opening Permit

Date _____

Name of Applicant _____

Address _____

Phone _____ Email _____

Information of proposed excavation

Name of property owner _____

Address _____

Exact Location of proposed excavation _____

Size and depth of excavation _____

Date to begin work _____ Completion Date _____

Reason for excavation _____

Estimated Cost _____

Street Opening Deposit of \$500 to be paid before excavation begins. Refundable after the work is complete if restoration is satisfactory.

Maintenance bond _____ \$10,000 annual bond

Bond # _____

Required Drawings - two copies

Approved by _____ Date _____