Borough of Mount Carmel

Application for Opening or Excavation of Streets

This application shall be submitted in duplicate.

Name of Applicant: _____

Address of Applicant: _____

Location of Excavation: _____

Purpose of Excavation: _____

Dates Excavation is to be opened: _____

Length and Width of Trench: _____

Depth of Trench: _____

Person(s) or Business benefited by excavation: _____

_____

Address: _____

The applicant, by their signature on this application certifies that they agree to abide by all terms and conditions of Ordinance 2-1005 adopted the 16th of June, 2005 whether specifically mentioned in this application or not.

_____ _____

Applicants Signature **Date**

_____ _____

Approved
Borough of Mount Carmel **Date**

Provide drawing of the area of the roadway surfaces to be excavated on the attached sheet in duplicate.

Borough of Mount Carmel

Street Opening/Excavation Drawing Submittal

Plans and Specifications (Street Location and Layout:

Date: _____ **Applicant:** _____

Location of Excavation: _____

Size Opening (Length and Width) _____

Type of Base: _____ **Estimated date of restoration** _____

Purpose: (Repair, Replace, New Line etc: _____

_____

Applicants Signature