

**Know what's below.
Call before you dig. 811
1-800-272-1000**



**BOROUGH OF STOCKTON
STREET OPENING APPLICATION**

1.Applicant's Name: _____

2.Business Address _____

Cell or Emergency Contact: _____ Email Address: _____

3.Address of Street to be Opened: _____

4.*Type of Street: _____ Block: _____ Lot: _____
*(Improved – oil & stoned, asphalt, concrete, etc. or Unimproved – gravel, dirt, etc.)

5.Size of Opening: Width: _____ FT. Length: _____ FT. Depth: _____ FT.

6.Disposal Location of excavated fill: _____

7.Starting Date: Completion Date: _____

8.Purpose of Opening: _____

9.Street Closure Required/Requested? YES NO
If Yes, Please provide an illustration of proposed detour route with sign locations.

10.Lane Restriction Required/Requested? YES NO
If Yes, Please provide an illustration of proposed traffic controls.

I (WE) AGREE TO BE BOUND BY THE PROVISION OF THE ORDINANCE, SPECIFICIAIONS AND REGULATION OF THE BOROUGH GOVERNING OPENINGS IN OR UNDER MUNICIPAL STREETS AND TO SUCH SPECIAL CONDITIONS, RESTRICTIONS AND REGULATIONS AS MAY BE IMPOSED BY THE DIRECTOR. I (WE) AGREE TO HOLD THE BOROUGH HARMLESS FROM ANY DAMAGES RESULTING FROM THE PERMIT. I (WE) ALSO AGREE TO BE RESPONSIBLE FOR THE OPENING, EVEN THOUGH THE BOROUGH MAY BE REQUIRED TO INSTALL A WATER SERVICE IN THE SAME TRENCH, PROVIDING ORIGINAL OPENING WAS MADE BY THE APPPLICANT.

APPLICANT'S SIGNATURE: _____

DATE: _____ OCPDS CONFIRMATION NUMBER: _____

APPLICATION AND ESCROW FEES TO BE DETERMINED BY BOROUGH ENGINEER FOLLOWING SUBMISSION OF A COMPLETED APPLICATION FORM AND ACCOMPANYING PLANS FOR THE STREET OPENING.

*****DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY *****

PERMIT # _____ PERMIT FEE: \$ CHECK# _____ DATE REC'D _____

SURETY BOND/CASH/CHECK#: _____ AMOUNT \$ _____
CERTIFICATE OF INSURANCE SUPPLIED: YES NO

REASON REVOKED: _____ BY WHOM: _____

REASONS SUMMONS ISSUED: _____

SUMMONS ISSUED BY: _____

DATE APPROVED: _____ EXPIRATION DATE: _____ PPLICATION APPROVED BY: _____