

SURFACE OPENING APPLICATION

Road Cut _____
Boring _____
Shoulder _____
Other _____

Mount Holly Springs Borough
200 Harman Street
Mount Holly Springs Pa. 17065
717-486-7615

Application _____
Opening Pavement _____
Shoulder Opening _____
Inspection _____
Total _____

Date: _____

Permit #: _____

Tax Parcel Number (PIN) _____

Route No / Road or Street name: _____
(Where work is to be done)

Name of Applicant: _____

Address of Applicant:

Contractor: _____

Address: _____

Contact Person: _____ Phone #: _____

Approximate Date when work will be started: _____ Completed: _____

Road Width _____ Distance from Center line to right-of-way Line: _____

Number of Openings: _____ Size of Opening: _____ Road Width: _____

Length of trench along road: _____ Type of Shoulder: _____

Description and Propose Work:

Signature of Applicant/Agent: _____ Date: _____

DRAWING

TO BE COMPLETED BY BOROUGH

Permit # _____

Description & Purpose of work:

Permittee shall not overlay prior to: _____

APPROVED: _____
 DAY MONTH YEAR

COMPLETION DATE: _____ INSPECTION DATE: _____

ANNIVERSARY DATE: _____

BOROUGH SIGNATURE _____

IMPORTANT

The Borough Council/Code Enforcement Officer, may at any time revoke and annul this permit for non-performance of or non-compliance, restrictions and regulations hereof