BOROUGH OF SWISSVALE

APPLICATION FOR

STREET OPENING PERMIT

Date of Application: _____

Applicant Name: _____

Name/Title of Company Representative: _____

Company Address: _____

_____

Phone Number: _____

24-Hour Emergency Contact Number: _____

e-mail Address: _____

Location of Street Opening: _____

Area to be Disturbed/Opened (Square Feet): _____

Work to be Performed: _____

_____

Names/Addresses/Phone for all Sub-Contractors: _____

_____

_____

Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY

PERMIT NUMBER: _____

FEES REQUIRED/COLLECTED: _____

DATE ISSUED: _____

PERMIT EXPIRES: _____

ISSUED BY: _____