SIDEWALK - CURB - GUTTER PERMIT APPLICATION

BOROUGH OF CATASAUQUA
90 BRIDGE STREET, CATASAUQUA, PA 18032
PH: 610-264-0571 EMAIL: INFO@CATASAUQUA.ORG

PROPERTY OWNER: _____

ADDRESS: _____ PHONE #: _____

_____ EMAIL: _____

ADDRESS OF WORK TO BE COMPLETED IF DIFFERENT FROM ABOVE:

ADDRESS: _____

CONTRACTOR INFORMATION: (Proof of Liability Insurance with Catasauqua Borough listed as an additional Certificate Holder; and Workers Compensation Insurance must accompany permit application).

NAME: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

_____

DESCRIPTION OF WORK TO BE DONE IN ACCORDANCE WITH BOROUGH CONSTRUCTION STANDARDS (Attached). Attach drawing to show proposed work.

_____

_____

_____

NO Work is to be started until permit is ISSUED.

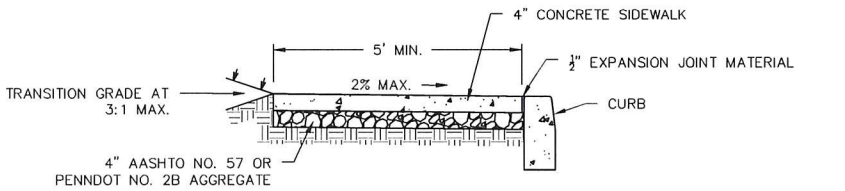
Borough Office must be contacted 24-48 hours prior to pour for a pre-pour inspection and for a final inspection.

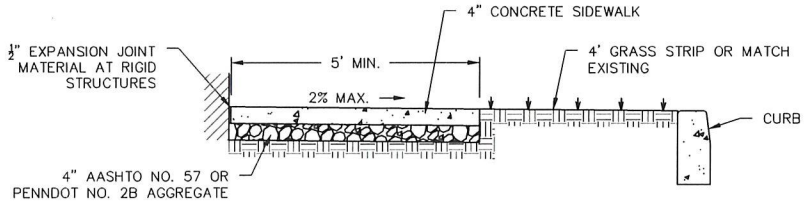
APPLICANT SIGNATURE: _____

PRINTED NAME OF APPLICANT: _____

FOR BOROUGH USE ONLY

Fee Amount:_____ Payment Type:_____ Received By:_____ Permit No. _____





NOTES:

1. PROVIDE MATERIALS AND CONSTRUCTION IN ACCORDANCE WITH PENNDOT PUB. 408, SECTION 676 FOR CEMENT CONCRETE SIDEWALKS. EXCEPT THAT ALL CONCRETE IS TO BE PENNDOT CLASS AA (3,500 PSI).
2. PLACE ½" PREMOLDED EXPANSION JOINT MATERIAL FOR THE FULL DEPTH OF THE SIDEWALK AT JOINTS ADJACENT CURB, BETWEEN SIDEWALK AND CURB, AND BETWEEN SIDEWALK AND RIGID STRUCTURES.
3. FORM OUTSIDE EDGES AND JOINTS WITH ¼" RADIUS EDGING TOOL.
4. PROVIDE ADEQUATE SURFACE DRAINAGE FROM SIDEWALK TO THE TOP OF ADJACENT CURB OR OTHER OUTLET (MIN. 0.5% SLOPE).
5. INSTALL SIDEWALK IN ACCORDANCE WITH CURRENT ADA STANDARDS.
6. PROVIDE A LIGHT BROOM FINISH TRANSVERSE TO THE DIRECTION OF TRAVEL.
7. ALL CONCRETE SHALL BE CURED USING A WHITE PIGMENTED CURING COMPOUND OR OTHER APPROVED METHOD IN ACCORDANCE WITH PENNDOT PUB. 408, SECTION 501.
8. THE MINIMUM AREA OF ANY SIDEWALK REPLACEMENT SHALL EXTEND TO EXISTING CONTROL JOINTS AROUND THE REPLACEMENT.
9. ALL CONCRETE SHALL BE PROTECTED UNTIL CURED SUFFICIENTLY FOR PEDESTRIAN OR, IF APPLICABLE, VEHICULAR TRAFFIC.
10. MINIMUM SIDEWALK WIDTH SHALL BE 5 FEET OR SHALL MATCH ADJOINING SIDEWALK WIDTH, IF GREATER.

RVE REMINGTON & VERNICK ENGINEERS 922 FAYETTE STREET CONSHOHOCKEN, PA 19428 (610) 940-1050 FAX (610) 940-1161 WEB SITE ADDRESS: WWW.RVE.COM - ENGINEERING EXCELLENCE -	CEMENT CONCRETE SIDEWALK DETAIL **BOROUGH OF CATASAUQUA** 90 BRIDGE STREET, CATASAUQUA, PA 18032	DATE: 02/2021 SCALE: N.T.S. G-2.1

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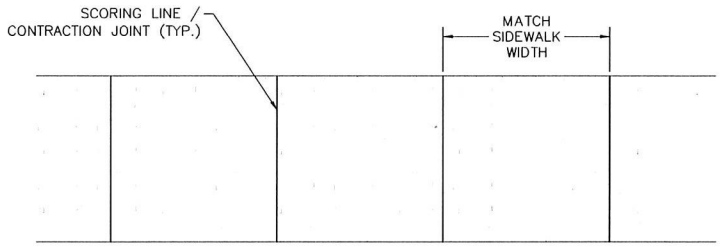
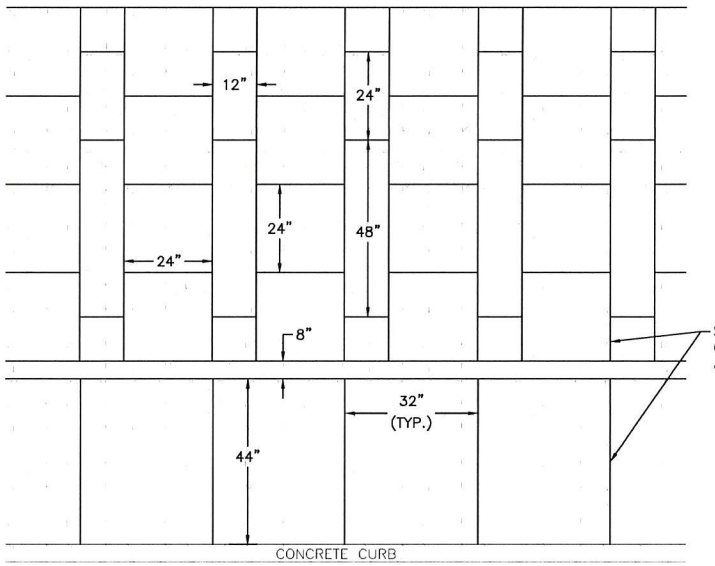


STANDARD SIDEWALK SCORING PATTERN (UP TO 8' SIDEWALK WIDTH)



STREETSCAPE SIDEWALK SCORING PATTERN

NOTES:

1. FOR STANDARD SIDEWALK UP TO 8 FEET IN WIDTH, TRANSVERSE SCORING SHALL BE SPACED AT INTERVALS EQUAL TO THE SIDEWALK WIDTH (E.G. FOR A 5 FOOT WIDE SIDEWALK, TRANSVERSE SCORING SHALL BE SPACED AT 5 FOOT INTERVALS).
2. FOR STANDARD SIDEWALK GREATER THAN 8 FEET IN WIDTH, LONGITUDINAL SCORING SHALL EVENLY DIVIDE THE SIDEWALK AND TRANSVERSE SCORING SHALL BE SPACED AT INTERVALS EQUAL TO HALF OF THE SIDEWALK WIDTH.
3. SCORING SHALL BE PERFORMED USING A HAND-TOOLED TECHNIQUE. SAWCUTTING IS NOT AN ACCEPTABLE METHOD FOR PERFORMING SCORING.
4. NO CHANGES OR ADJUSTMENTS TO THE SCORING LAYOUT AND DESIGN SHALL BE PERMITTED WITHOUT PRIOR AUTHORIZATION FROM THE BOROUGH.

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WORKER'S COMPENSATION INSURANCE COVERAGE NFORMATION

(attach to permit application)

A. The applicant is a contractor within the meaning of the Pennsylvania Worker's Compensation Law:

Yes ____ No ____

If you answered "yes" - complete Section B or C below.
If you answered "no" - complete Section C below.

B. Insurance Information:

Name of Applicant: _____

Federal or State Employer Identification No.: _____

Applicant is a qualified self-insurer for Workers' Compensation Yes ____ No ____

Original Certificate attached:. _____

Name of Workers' Compensation insurer _____

Workers' Compensation Insurance Policy No. _____

Policy Expiration Date: _____

C. EXEMPTION - MUST BE NOTARIZED...

Complete Section C if the applicant is a contractor or homeowner claiming exemption from providing Workers' compensation issuance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons, as indicated:

____ Contractor with no employees. Contractor prohibited by Law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Borough.

____ Homeowner who elects to perform all of the work without contracting or hiring others to assist.

____ Religious exemption under Worker' Compensation Law.

Signature of Applicant: _____

Address: _____

NOTARY:

Commonwealth of Pennsylvania County of _____

On this, the _____, day of _____, 20_____, before me _____ the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

_____
Notary Public (Signature)