

New Sewickley Township

Street Opening Permit Application

This form is to be completed for all street opening applications. For applications that propose openings no more than 150 square feet of cartway opening, the sketch plan included on this application may be completed. For applications that propose openings more than or equal to 150 square feet of cartway opening, a complete submission in accordance with Section 5.D of New Sewickley Streets Opening Ordinance is required. Pertinent sections must be completed in entirety.

Application Date: _____

Applicant/Property Owner Information:

Applicant Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Property Address: _____

Contractor Name: _____

Mailing Address: _____

Email: _____

Phone: _____

Scope of Work:

Street Name: _____

Dimensions of Existing Cartway: Width: _____ Length: _____

Street Surfacing: _____

Reason for Opening: _____

Dimensions of Opening: Width: _____ Length: _____ Depth: _____

Dimensions of Opening from Edge of Pavement: _____

Dimensions of Opening from Roadway Centerline: _____

Start Date: _____ End Date: _____

The following must be provided on the sketch below:

1. Limits of excavation (with dimensions of opening)
2. Limits of proposed restoration (with dimensions of restoration)
3. Location of nearby utility structures
4. Right-of-way width and cartway width
5. Property addresses of adjacent parcels
6. Street names of intersecting roads

DRAWING



CERTIFICATION

The form hereby certifies that the statements made herein and representations contained in all accompanying matter as part of this application are true and correct. The Applicant shall be responsible for reviewing and fully understanding all provisions of the Township Ordinance. The Applicant acknowledges that New Sewickley Township Officials have the right to observe the work being performed for the purpose of inspection and verification of the statements made herein.

Signature: _____

FOR TOWNSHIP USE ONLY

Received By: _____ Date Received: _____

Application Complete

Reviewed By: _____ Date Reviewed: _____

Permit Granted Permit Denied Permit Number: _____