



304 South State Street
Clarks Summit, PA 18411

Phone 570-585-4811
Fax 570-586-3024

CURB CUT PERMIT APPLICATION
INSTRUCTIONS TO APPLICANTS

When submitting an Application for a Borough Curb Cut Permit, the following items are required:

1. A completed application form.
It is not necessary that you “squeeze” the “Plot plan of proposed project” into the space provided. You may use an attachment with the drawing. The drawing must include:
 - Lot size/dimensions
 - Location and measurements of existing structures
 - Measurement of improvements.
2. A copy of the current deed to the property.
3. A copy of any decision or actions by the Borough Zoning Hearing Board, and/or Planning Commission, and/or Council, if applicable.
4. The following Contractor information:
Name: _____
Address: _____
Phone: _____ Federal ID# _____
Plus a Copy of their Certificate of Insurance of having General Liability and Workman’s Compensation Insurance. This can be faxed to the Borough office at (570) 586-3024. In lieu of not having Workman’s Compensation Insurance, contractor must complete and have notarized Workman’s Compensation Insurance-Coverage Information Form attached.
5. The Borough and/or any authorized agent may request/require additional items or information while reviewing this application.
6. Before making cut you must contact the following:
 - PAWC – 1 Zimmerman St. Clark Summit, Pa. 18411
Phone – (800) 565-7292 Fax – 586-4647
 - PPL Electric – 600 Larch St. Scranton, Pa. 18509
Phone – (800) 342-5775 Fax – 348-4670
 - UGI-PNG – 150 Power Blvd. Archbald, Pa. 18403
Phone – (800) 432-8017 Fax – 876-7043
 - Frontier Comm. – 100 CTE Drive Dallas, Pa. 18612
Phone – (800) 901-4386 Fax – 631-8005
 - Comcast – 1 Adelphia Blvd. Duryea, Pa. 18642
Phone – (800)266-2278 Fax – 451-4333

DATE RECEIVED: _____

REC. BY: _____

CURB CUT PERMIT APPLICATION

(In accordance with the Clarks Summit Zoning & Street Excavation Ordinances)

Property Owners Information:

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Project information:

() Location: _____ (Street, address, etc)

() Start Date: _____ Finish Date: _____

() Reason for cut: _____

() Paving size: _____ (Square foot, length and width etc.)

() Estimated Construction cost: _____

Property Information:

Property Location: _____

Zoning District: _____ Tax Map #: _____

Lot (dimensions): _____ X _____ Sq.- Ft: _____

Existing Buildings (dimensions): _____ X _____ Total Sq.-Ft: _____
(house, sheds, decks, sidewalks, etc.)

NOTE: Zoning District maximum lot coverage requirement strictly adhered to.

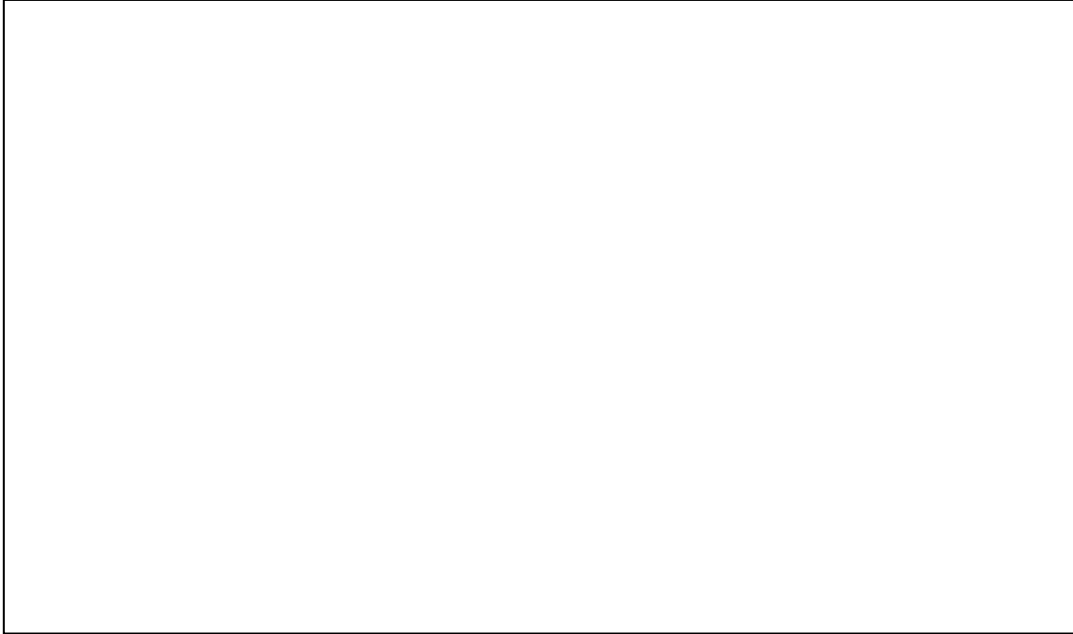
I [we] hereby represent that the information provided herein submitted is true, correct and agree to obey all of the Ordinances and Laws of the Borough of Clark Summit and the Commonwealth of Pennsylvania concerning Building and Zoning Regulations.

Owner's signature

An affidavit or lease signed by the owner may waive that signature.

PLOT PLAN SKETCH

Rear Footage



S
I
D
E

F
O
O
T
A
G
E

Front Footage

Borough Use Only

Fee: \$300.00

Denied/Issued: _____

Date: _____

Permit #: _____

Code Enforcement Officer: _____

Reason for Denial: _____

