



304 South State Street  
Clarks Summit, PA 18411  
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www.clarkssummitboro.org

DATE RECEIVED: \_\_\_\_\_

REC. BY: \_\_\_\_\_

## **PAVE CUT PERMIT APPLICATION**

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

### **Property Owners/Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ After Hours Emergency Contact #: \_\_\_\_\_

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### **Project Information:**

( ) Location: \_\_\_\_\_ (Street, address, etc)

( ) Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

( ) Reason for cut: \_\_\_\_\_

( ) Approximate area of opening: \_\_\_\_\_ ( Square foot, length and width etc.)

( ) Total Number of Cuts: \_\_\_\_\_

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### **Additional Information:**

**Certificate of Insurance of having General Liability and Workman's Compensation Insurance needs to be on file at the Borough Office. This can be faxed to the Borough office at (570) 586-3024.**

THE FOLLOWING PROCEDURES MUST BE ADHERED TO IN ALL  
EXCAVATIONS IN THE BOROUGH OF CLARKS SUMMIT

We are asking you to follow a normal procedure of hauling away all excavated material, backfilling with 2A modified stone and thoroughly compacted in layers, each of which layers shall not exceed 8 inches in depth. Ordinance 96-23

You will be responsible for the ditch and to correct any abnormalities within two years of completion.

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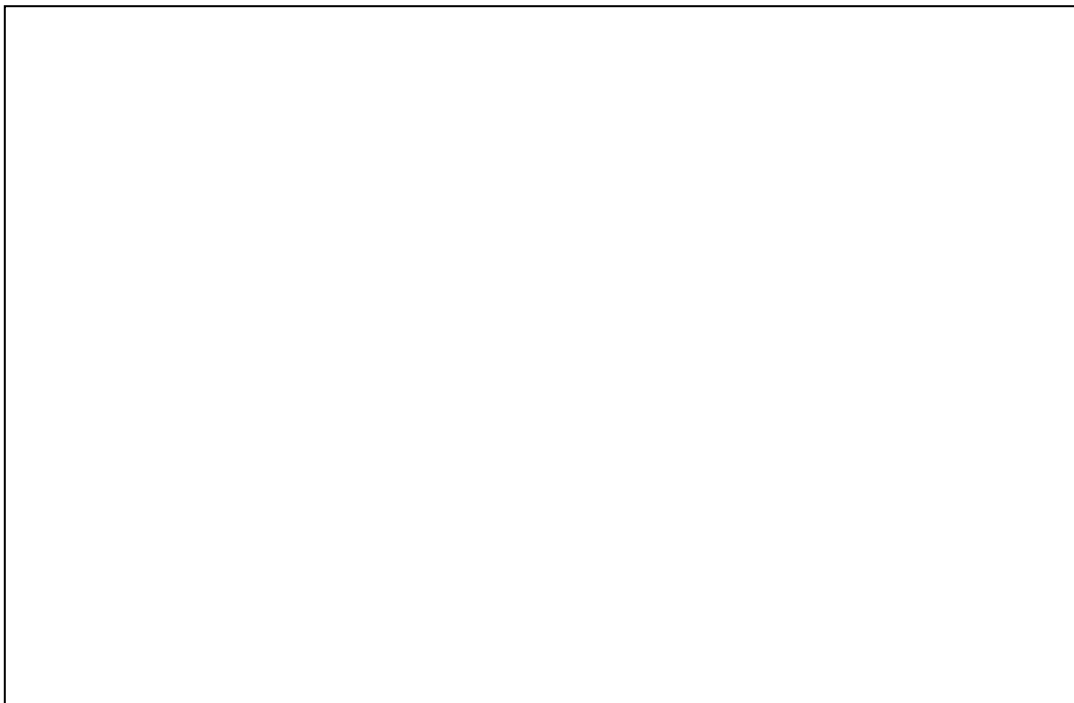
I [we] hereby represent that the information provided herein submitted is true, correct and agree to obey all of the Ordinances and Laws of the Borough of Clarks Summit and the Commonwealth of Pennsylvania to include but not limited to: Zoning Regulations, Protection of the Excavation, OSHA Regulations, and Maintenance and Protection of Traffic.

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Owner/Applicant Signature

**PLOT PLAN SKETCH**

Rear Footage



S  
I  
D  
E  
  
F  
O  
O  
T  
A  
G  
E

Front Footage

THE FEE SHALL BE PAID BY CHECK OR MONEY ORDER AND SHALL BE MADE PAYABLE TO:  
THE CLARKS SUMMIT BOROUGH.

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**Borough Use Only**

Fee: **\$300.00**      Denied/Issued: \_\_\_\_\_      Date: \_\_\_\_\_

Permit #: \_\_\_\_\_      Code Enforcement Officer: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_