

Borough of Clarks Summit

304 S State Street

Clarks Summit, PA 18411

Phone: (570) 586-9316

Fax: (570) 586-3024

--APPLICATION FOR PAVE CUT PERMIT--

Pave-Cut Permit# _____

PA One-Call Ticket No. _____

Applicant Information:

Applicant: _____

Company: _____

Address: _____

Phone: _____ email: _____

After Hours Emergency Contact: _____

Contractor Information:

Contractor: _____

Company Representative: _____

Address: _____

Phone: _____ email: _____

Date Work Will Begin: _____ Date Work Will Be Complete: _____

Location & Scope of Work (Major Improvements):

Description of Work: _____

** Label Cross Sheets in Sketch Below. Be sure to include the service address or address where work is being performed in front of.

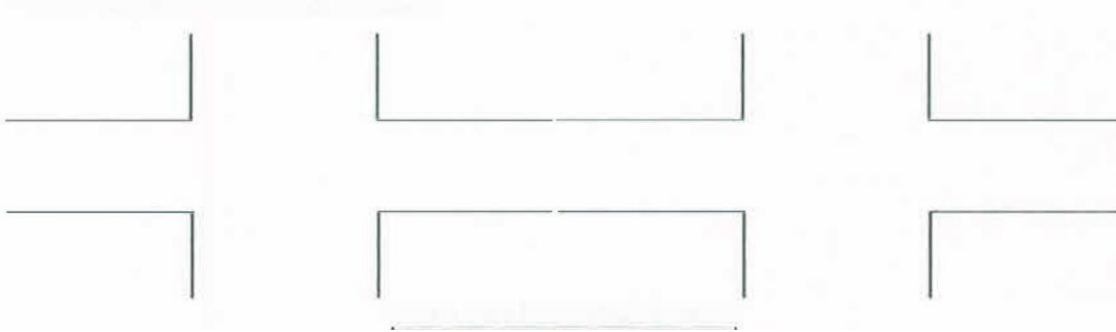


Size of Opening: (L x W x D) : _____ Square Feet : _____

Location & Scope of Work (Minor Improvements):

Description of Work: _____

** Label Cross Sheets in Sketch Below. Be sure to include the service address or address where work is being performed in front of.



Size of Opening: (L x W x D) : _____ Square Feet : _____

Pave Cut Location Sketch

Not to Scale

1. Contractor must notify the borough appointed inspector, I.W.D.A. Engineering at (570) 878-3302 a minimum of forty-eight (48) hours prior to commencement of work.
2. See Borough pave-cut and roadway restoration notes and details for material and placement requirements.

Applicant Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

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

Borough Official Use Only:

- This is a Major Improvement This is a Minor Improvement
- Applicant has paid the requisite permit fees Check No. _____
- Applicant has provided all requisite proof of insurances (attached hereto)

Approved By: _____

Date: _____