

BOROUGH OF WEST CONSHOHOCKEN
112 Ford Street, West Conshohocken, PA 19428
Phone: (610) 828-9747

APPLICATION FOR HIGHWAY OCCUPANCY PERMIT

Date _____

The undersigned hereby makes application for a permit to open highways, sidewalks, curbs or lands in the Borough of West Conshohocken as follows:

NAME OF APPLICANT: _____ PHONE: _____

APPLICANT'S ADDRESS: _____

EXACT LOCATION OF OPENING: _____

DETAILS OF WORK TO BE PERFORMED: _____

PURPOSE: _____

NOTE: Applicant may submit a sketch giving details of contemplated work in lieu of complete description in the space above.

IF AVAILABLE AT TIME PERMIT REQUESTED, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Start Date: _____ Completion Date: _____

FEE: \$ _____ PA ONE CALL SYSTEM NOTIFIED: Yes _____ No _____

NOTE:

In applying for this permit, the Applicant agrees

- a) To execute the work and refill openings in strict conformity with the provisions of all existing Ordinances governing such work and subject to approval of the Borough of West Conshohocken Street Supervisor
- b) To indemnify and save harmless the Borough of West Conshohocken for any and all loss, expenses and damages in any manner sustained through, or by reason of, the issue of the said permit, or by the performance of work under it, or by negligence, imperfect work, acts or omissions of the aforesaid (person, firm, corporation) or his (or their) employees, agents, or contractors.

Applicant Signature

This application is in duplicate; send both copies to the Borough of West Conshohocken, 112 Ford Street, West Conshohocken, PA 19428, with a check for applicable fee. One copy will be returned to applicant, which copy when properly executed by the Borough Secretary will be considered a permit to perform the work outlined.

DATE _____ PERMIT NUMBER _____ AMOUNT OF FEE PAID _____

West Conshohocken Borough Secretary