

THROOP BOROUGH
ROAD CUT PERMIT APPLICATION

APPLICANT'S NAME: _____ DATE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

APPLICANT'S SIGNATURE: _____

The information submitted under this application is true and correct. It is hereby understood that the issuance of a permit shall be subject to the provisions of Throop Borough Ordinance #5 of 2019, as may be amended.

Nature or reason for proposed excavation: _____

Location of proposed excavation: _____

Date work is proposed to start: _____ Date of expected completion: _____

Indicate below the number and size of each proposed opening in the street, curb, tree lawn and sidewalk area.

NUMBER OF EXCAVATION OPENINGS	LENGTH & WIDTH OF EXCAVATION IN STREET	LENGTH OF EXCAVATION IN CURB	LENGTH & WIDTH OF EXCAVATION IN TREE LAWN	LENGTH & WIDTH OF EXCAVATION IN SIDEWALK
1				
2				
3				
4				
5				

Will any roads be closed in conjunction with the proposed work? (Check one) _____ YES _____ NO

If you checked yes above you must attach a Detour Plan, which is subject to approval by the Chief of Police, the Fire Chief and the Street Commissioner. A DETOUR PLAN IS ATTACHED DETAILED PLANS ARE ATTACHED

Chief of Police: _____ Date: _____

Fire Chief: _____ Date: _____

Street Commissioner: _____ Date: _____

Engineer: _____ Date: _____