

Throop Borough

MUNICIPAL BUILDING
 SANDERSON & CHARLES STREETS
 THROOP, PA. 18512-1224
 Phone (717) 489-8311
 FAX (717) 383-7122

APPLICATION FOR EXCAVATION PERMIT

Permit #

Applicant-Owner:
 Address:
 City-Town:
 Contact Person:

Zip Code:
 Phone:

Description of Proposed Work:

Permit Fee:

Check #:

Location of Proposed Excavation:

Inspections

1	2	3

Date Work Is Scheduled To Begin:

Date Work Will Be Completed:

Excavation Area: ft. X ft.

Excavation Depth: ft.

Material Disposal Site:

Insurance Carrier:

Policy #:

Endorsements

sewer

road cl.

tunnel

native fill

Comments

I, hereby agree that all work for which this permit is granted shall be performed in full compliance with the ordinances of the Borough of Throop and the laws of the Commonwealth of Pennsylvania in relation thereto, and shall well and truly save, defend and hold harmless the Borough from, and indemnify it against any and all action, suits, demands, payments, costs and/or all damages to persons and/or property resulting in any manner therefrom, or occurring in the prosecution of the work connected therewith, or from any other matter, cause or thing related thereto, and will secure all insurance, bonds and/or other securities required by the Borough prior to performing any work authorized by this permit.

Signature of Applicant: _____ Date: _____

Zoning Officer: _____ Date: _____

Street Commissioner: _____ Date: _____