



# SPRING GARDEN TOWNSHIP

## APPLICATION FOR STREET OPENING PERMIT

Name of Permittee \_\_\_\_\_

Address of Permittee: \_\_\_\_\_

LOCATION OF WORK: \_\_\_\_\_ York, PA  
House Number Street

Size of Opening in lineal feet \_\_\_\_\_

Description of Work \_\_\_\_\_

*The permittee agrees to fulfill all terms of Township Ordinance #97-09 regulating street excavations.*

The permittee agrees to save the Township, its officers, employees and agents from any and all costs, damages and liabilities which may accrue or be claimed to accrue by reason of such work to be done by the permittee under the provisions of Ordinance #97-09.

\_\_\_\_\_  
Signature of person authorized to make application for permittee.

### **Fees Paid:**

Permit Fee		\$75.00
Degradation Fee	_____ sq. yds. X \$45.00 = \$ _____	
Inspection Fee per visit		\$100.00
Resurfacing Penalty	_____ sq. yds. X \$56.84 = \$ _____	
Bonding Amount	_____ sq. yds X \$30.00 = \$ _____	

**TOTAL FEES PAID** .....\$ \_\_\_\_\_

Expected Starting Date: \_\_\_\_\_

Expected Completion Date \_\_\_\_\_

SHOW EXACT LOCATION AND SIZE OF PROPOSED CUT IN DIAGRAM OF STREET BELOW

LINES SHOWN ARE CURB LINE OR EDGE OF PAVING

NAME OF STREET

NAME OF STREET \_\_\_\_\_

PROPOSED DEPTH OF EXCAVATION \_\_\_\_\_

NAME OF STREET

Upon completion, please contact **717-848-2858** to schedule an inspection. Have the attached Complete Certificate completed and returned to our office. You may email to [general@sgtwp.org](mailto:general@sgtwp.org).

# COMPLETE NOTICE OF STREET OPENING PERMIT

IN REFERENCE TO PERMIT # \_\_\_\_\_ Issued on \_\_\_\_\_

FOR WORK LOCATED AT \_\_\_\_\_

NAME OF PERMITTEE \_\_\_\_\_

*Performance of work on the above numbered permit has been completed by the permittee and final pavement restoration has been made according to Township Specifications.*

COMPLETION DATE: \_\_\_\_\_

ORIGINAL SIZE OF OPENING WAS: \_\_\_\_\_

FINISHED REPAIR IS: \_\_\_\_\_ = ( \_\_\_\_\_ SQ. YD.)

**Signature for Permittee**

**Phone Number**

**General Statements:**

1. A separate completion form is required for each permit location.
2. Final patches must be painted with permittee's initial, month, and year.
3. Complete cross section of street excavation (see profile drawing below).
4. Return complete Notices within ten (10) days from actual complete date to:

**Spring Garden Township  
Attn: Zoning Officer  
340 Tri Hill Road  
York, PA 17403  
[general@sgtwp.org](mailto:general@sgtwp.org)**

**CROSS-SECTION OF STREET EXCAVATION (PROFILE DRAWING):**

STREET SURFACE
_____ " of
_____ " of
_____ " of
_____ " of
BOTTOM OF EXCAVATION

The street must be defined to the lowest level of manmade material (or 12", whichever is greater).

THIS PORTION TO BE COMPLETED BY TOWNSHIP PERMIT OFFICER

**FINAL COMPLETION CERTIFICATE**

*I hereby certify that final inspection has been made and all work has been performed in accordance with the above-numbered permit and is hereby accepted by the Township as completed.*

\_\_\_\_\_ **\*Date Issued:** \_\_\_\_\_  
Authorized Agent for the Township

**\*The permittee is responsible for maintenance of permanent pavement repairs and trenches for a period of 36 months from this date.**