



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

NAME OF STREET _____

PROPOSED DEPTH OF EXCAVATION _____

To schedule an inspection, please contact Public Works at **717-848-2858 option 6**. Call between the hours of 7:00 am to 3:00 pm, Monday - Friday. Have the attached Inspection Form available at the job site.

STREET OPENING PERMIT INSPECTION FORM
Call 717-848-2858 Option 6, Mon-Fri 7am-3pm to schedule.

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 completed Inspection Forms within ten (10) days from actual completion date to:

Spring Garden Township
Attn: Zoning Officer
340 Tri Hill Road
York, PA 17403
dhansen@sgtwp.org

REQUIRED INSPECTIONS CROSS-SECTION OF STREET EXCAVATION:

LAYER	STREET SURFACE	INITIALS
Permanent – Crack Sealed	_____ " of	
2" Top	_____ " of	
6" Binder		
After Backfill – 10" 2A Stone base compacted	_____ " of	
Before Stone Placement -18" depth from road surface	_____ " 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.**