

OFFICIAL
BOROUGH OF DRAVOSBURG

STREET OPENING PERMIT

-
1. Name of Applicant _____
 2. Address of Applicant: _____
 3. Name of Street to be Opened: _____
(If Applicable)
 4. Location, of Sidewalk to be Opened- _____
(If Applicable)
 5. Size of Opening (Approximate): _____
 6. Purpose of Opening: _____
 7. Date of Commencement of Opening: _____
(Opening Must commence within 15 days of application)
 8. Date of Completion and Restoration of Opening: _____
(Completion and Restoration subject to terms of Ordinance No.)
 9. Fee: _____

Date of Application

Signature of Applicant or Agent
for Applicant

Permit is: granted _____ Date _____

denied _____ Date _____

BOROUGH SECRETARY

THIS PERMIT IS ISSUED SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN
BOROUGH OF DRAVOSBURG ORDINANCE NO. 94-07 , ADOPTED SEPTEMBER 20, 1994
ACCEPTANCE OF THIS 'PERMIT BY THE APPLICANT EVIDENCES knowledge ALL
TERMS AND CONDITIONS OF SAID ORDINANCE AND SUBJECTS APPLICANT TO ALL
PENALTIES FOR VIOLATION OF SAME.