



# ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE 412-751-2880 • FAX 412-751-6002

[www.elizabethtwppa.com](http://www.elizabethtwppa.com)

## Street Opening Permit Application

APPLICANT INFORMATION			
Name:		E-Mail:	
Address:			Phone:
City:	State:	Zip:	Fax:
CONTRACTOR INFORMATION			
Name:		E-Mail:	
Address:			Phone:
City:	State:	Zip:	Fax:
LOCATION INFORMATION			
Will work take place within a Township right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will curb be disturbed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Excavation?			
Name of street(s) where work will take place:			
Name of cross streets:			
Type of street surface:			
EXCAVATION INFORMATION			
Length of excavation in paved area:		Width of excavation in paved area:	
Length of exaction in unpaved area:		Width of excavation in unpaved area:	
Reason for work:			
Emergency repair? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Date:	Applicant Signature:		
<b>All work must be completed in accordance with the Elizabeth Township Code Chapter 21 – Part 1 Street Excavation</b>			
PERMIT COST			
Inspection Fee: \$25.00		\$ 25.00	
First 25 Linear Feet: \$125.00		\$ 125.00	
After 25 Ft. Excavation Length _____ X \$2.00 per Foot		\$	
Security Deposit: \$ 200.00		\$	
Utility Cash Bond: \$2,000.00		\$	
TOTAL FEE		\$	
TOWNSHIP USE ONLY			
Date Received:	Application Fee:	Bond Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
Permit: <input type="checkbox"/> Issued <input type="checkbox"/> Denied Give Reason:			
Date Permit Issued:		Permit #	