

Borough of New Brighton
610 Third Avenue
New Brighton, PA 15066

PERMIT APPLICATION
Openings, Excavations and Pavement Cuts

Application Type:

(Check all that apply)

Directional Bore Street Opening & Excavation Curb Cut & Driveway Construction
 Existing Driveway Sidewalk Construction & Repair Unimproved Areas in Public Right of Way
Existing Width: _____ Proposed Driveway _____ (curb cut will be required for new or enlarged driveway) Lateral Repair for Private Property*
Corner Lot: Yes No (In the proposed project is on a corner lot, it is necessary to install handicap accessible curb ramps with a detectable warning surface.) *May qualify for exemption

Application Date: _____ **Job Date:** _____

Applicant Name: _____ **Tax Parcel:** _____

Applicant Address: _____

Telephone No. _____ **Email Address:** _____

Person or Contractor Performing the Work (if different than applicant): _____

Contact Person: _____ **Address:** _____

Telephone No. _____ **Email Address:** _____

Description of Work: include specific details for the requested work including: dimensions, disturbed area, street map & nearest street address (attach additional sheets as needed to describe the proposed work)

Emergency Work: Yes No **Plans & Attachments:** Yes No

Location of Work: _____ **Estimated Cost \$** _____

Check all that apply)

- Center of Road (Restoration shall be full width of roadway pavement)
- Driving Lane (Restoration shall be full width of driving lane pavement)
- Curb and/or Edge of Road (Restoration shall be full width of driving lane pavement)
- Sidewalk (Restoration shall be portion of sidewalk removed)
- Driveway (Restoration shall be portion of driveway disturbed)
- Public Right of Way (Restoration shall be to replace in-kind)

Notes:
1 Restoration of pavement length shall be ten feet beyond extent of excavated area to include keyways and joint sealing;
2 Restoration of all excavated, removed or described areas shall be per Municipal Specifications;
3 Final Inspection and acceptance of the restoration shall be at the discretion of the Public Work Forman or his designee.

Composition of Surface in Excavation Area:
1 Concrete 2 Asphalt
3 Brick 4 Lawn 5 Other _____

Start Date: _____ **Completion Date:** _____

PA One-Call Serial Number: _____ **Signature:** _____

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1. Application Fee:

1 Street Opening & Excavation - \$1/Sq Ft. (SF) of Opening Residential Fee - \$100.00 Minimum Non-Residential Fee - \$500.00 Minimum	SF = \$ _____
2 Curb Cut & Driveway Construction - \$1/Lin Ft. (LF) of Curb \$1/Sq Ft. (SF) of Drawing Residential Fee - \$75.00 Minimum Non-Residential Fee - \$350.00 Minimum	LF = \$ _____ SF = \$ _____
3 Sidewalk Construction & Repair \$1/Sq Ft. (SF) of Sidewalk Residential Fee - \$50.00 Minimum Non-Residential Fee - \$200.00 Minimum	SF = \$ _____
4 Public Right of Way Disturbance Flat Fee Residential Fee - \$50.00 Minimum Non-Residential Fee - \$200.00 Minimum	Flat Fee = \$ _____
5 Directional Bore \$4.5/Lin Ft. (LF) of Directional Bore \$1,960.00 Minimum	LF = \$ _____
6 Inspection Services Hourly Rate Worked, plus Fringe Benefits, Plus 10%	Inspection Services = \$ _____
TOTAL = \$ _____	

Note: The Borough, at its discretion, may require the above activities to be reviewed and/or inspected by the Public Works Forman or his designee. The applicant is responsible for all costs associated with these reviews and/or inspection

2. Restoration Guarantee (Bond, Certified Check or Cashier's Check)

Calculation:

1 _____ SY of Bituminous Pavement Replacement @ \$25.00/SY	= \$ _____
2 _____ SY of Concrete Replacement @ \$50.00/SY	= \$ _____
3 _____ SY of Sidewalk Replacement @ \$50.00/SY	= \$ _____
4 _____ SF of Lawn Replacement @ \$2.00/SF	= \$ _____
5 _____ Traffic Control @ 5% of Items 1 thru 4	= \$ _____
Total Restoration Guarantee	= \$ _____

I, (Applicant/Authorized Representative) hereby agree to save the Borough, its Officers, Engineer, Police, and agents harmless from any and all costs, damages and liabilities which may accrue or be claimed to accrue by reason of such work performed under this permit. The applicant certifies that all information on this application is correct and the work will be completed in accordance with ordinance adopted by the Municipality.

By: _____ (Print Name) _____ (Signature)

Application No. _____	Date: _____
Issued By: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Exemption
Application Fee Paid: \$ _____	Check No. _____ Other: _____
Restoration Guarantee \$ _____	Check No. _____ Other: _____
OFFICIAL USE ONLY	