

**OFFICIAL
BOROUGH OF DRAVOSBURG
STREET OPENING PERMIT**

Name of Applicant: _____

Address of Applicant: _____

Name of Street to be Opened (if applicable) _____

Location of Sidewalk to be Opened (if applicable) _____

Size of Opening (Approximate): _____

Purpose of Opening: _____

Date of Commencement of Opening: _____

(Opening Must commence within 15 days of application)

Date of Completion and Restoration of Opening: _____

Completion and Restoration subject to terms of Ordinance No.)

Fee: _____

Date of Application

Signature of Applicant or Agent for Applicant

Permit is: Granted _____

Date: _____

Denied _____

Date: _____

Borough Engineer

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 OF ALL TERMS AND CONDITIONS OF SAID ORDINANCE AND SUBJECTS APPLICANT TO ALL PENALTIES FOR VIOLATION OF SAME.

APPLICATION FOR A STORAGE CONTAINER PERMIT

A) APPLICANTS NAME: _____

FIRST MIDDLE LAST

ADDRESS: _____

NUMBER STREET CITY ZIP

PHONE: () _____

B) DIMENSIONS AND CAPACITY OF THE CONTAINER TO BE USED:

BOX: _____ SIZE _____

BAG: _____ SIZE _____

BIN: _____ SIZE _____

DUMPSTER: _____ SIZE: _____

PORTABLE STORAGE UNIT: _____ SIZE: _____

POD: _____ SIZE: _____

OTHER: _____ SIZE _____

DISCRIPTION

C) ADDRESS AND LOCATION OF THE PLACEMENT OF THE CONTAINER

NUMBER STREET CITY ZIP

DURATION OF TIME: WHEN IT WILL BE PLACED & WHEN IT WILL BE REMOVED

FROM _____ TO _____

DATE DATE

MATERIALS THAT WILL BE STORED IN THE CONTAINERS

OFFICE USE ONLY

PERMIT NO: _____ ISSUED: _____ BY: _____

DATE TITLE

BOROUGH OF DRAVOSBURG

APPLICATION FOR A HANDICAPPED PARKING SPACE

Pursuant to Pennsylvania Vehicle Code 3354 (d-2)

*Only Handicap License Plates Will Be Considered, **NO PLACARDS**

Permit Must Be Renewed Every Two (2) Years

Date: _____ Sign Installation Fee \$35.00

Payable To: Borough of Dravosburg

Name of Applicant: _____
(Please Print)

Address: _____

Telephone Number: _____

License Plate Number: _____

1. Do you have access to off street parking? _____ Yes _____ No
2. Do you own or have access to a garage? _____ Yes _____ No
3. Will you park your vehicle at the designated spot on a regular basis? _____ Yes _____ No
If No, please explain

4. How many vehicles do you own? _____

*PLEASE ENCLOSE A PHYSICIAN'S REPORT WITH THIS REQUEST.

If I gain access to off street parking, a garage, or cease to require this handicapped parking space, I will notify the Borough of Dravosburg within 30 days. I understand that I must comply with all Pennsylvania Vehicle Laws and Town Ordinances if granted a reserved handicap parking space.

Applicant Signature: _____

FOR RENEWAL USE ONLY: (No Fee)

1. Do you park your vehicle at the designated spot on a regular basis? _____ Yes _____ No
If No, please explain

FOR OFFICE USE ONLY:

AUTHORIZED FOR A HANDICAPPED PARKING SPACE

Borough Mayor _____ Borough President of Council _____

Date Approved _____

**BOROUGH OF DRAVOSBURG
POLITICAL SIGN DEPOSIT APPLICATION**

PERMIT FEE \$10.00 *
DEPOSIT FEE \$50.00

- PRIMARY
- GENERAL
- SPECIAL

DATE: _____ RECEIPT NO. _____

I, _____, submit this form with payment of a political campaign sign deposit for _____, who is running for _____.

(Print name of office of Seal)

I also acknowledge receipt of this form, which informs, me of the Borough's rules and regulations (Ordinance No. _____ attached) regarding political campaign signs.

I also acknowledge forfeiture of my deposit (and any costs incurred by the Borough to remove such signs), if signs are not promptly removed within five days after the election for which the signs are posted or used.

Signature

Address: _____

Phone: _____
Fax: _____

***NON-REFUNDABLE
PLEASE SEND TWO SEPARATE CHECKS**