

**OFFICIAL
BOROUGH OF DRAVOSBURG
STREET OPENING PERMIT**

No. _____

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. 2202-01, ADOPTED NOVEMBER 15, 2022. 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.