

APPLICATION FOR ROAD OPENING/EXCAVATION PERMIT

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Name: _____

Contact Phone: _____ Contact Email: _____

Date Project will begin: _____ End: _____

Location of Opening/Excavation: _____

Approx Length, Width & Depth: _____

Additional Information: _____

Applicant must follow Cokeburg Borough Ordinance #221 & Call 811 Before Digging

Signature: _____

Name: _____ Title: _____

.....
(Borough Use Only)

Date Application Received: _____ Payment: _____

Borough Fees Charged: _____ Amount Returned: _____

Date: _____