

The Borough of Avoca

752 Main Street

Avoca, PA 18641

Phone: (570) 457-4947 Fax: (570) 451-1750

Email: Secretary@AvocaBorough.com

PAVE CUT PERMIT APPLICATION

Date: _____

Purpose of Cut: _____

Date of Opening: _____ Expected Date of Completion: _____

Applicant Name: _____ Phone: _____ Email: _____

Address: _____

Contractor Name: _____ Phone: _____ Email: _____

Address: _____

Location of Job: _____

Cut Size: Street: _____ Tree Lawn: _____ Sidewalk: _____

Existing Type of Pavement: _____

Signature of Applicant: _____

Bond: Required (Y/N) _____ Amount of Bond/Cash: _____ Date Received: _____

- ATTACH DRAWING SHOWING LOCATION AND SIZE OF CUT. (Detailed plans shall be provided at the discretion of the Borough or Borough Engineer)
- RESTORATION OF ALL EXAVATION SHALL BE GUARANTEED UNTIL STREET IS RESURFACED. SPECIFICATIONS SHALL BE IN ACCORDANCE WITH PAVE CUT ORDINANCE.
- ALL WORK TO BE PERFORMED IN ACCORDANCE WITH THE PAVE CUT ORDINANCE OF AVOCA BOROUGH.
- REFER TO THE PAVE CUT ORDINANCE FOR REQUIRED FEES.

For Office Use Only

<u>Date</u>	<u>Action/Status</u>	<u>Signature</u>
_____	Application Received	_____
_____	Permit Approved	_____
_____		_____
_____		_____