

City of Washington

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STREET/SIDEWALK OPENING AND EXCAVATION PERMIT APPLICATION

COMPLETE ONLY THOSE THAT APPLY TO YOUR PROJECT

APPLICATION #24-_____ (OFFICIAL USE ONLY)

APPLICANT MUST SUBMIT ONE (1) COPY OF APPLICATION & ALL SUPPORTING DOCUMENTS WITH REQUIRED FEES

SECTION 1 APPLICANT INFORMATION

DATE:

CONTACT LAST NAME:

FIRST NAME:

ORGANIZATION NAME:

MAILING STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EMAIL:

SECTION 2 SCOPE OF WORK INFORMATION

2A - APPROXIMATE LOCATION OF WORK

STREET ADDRESS - START:

STREET ADDRESS - END:

2B - GENERAL NARRATIVE OF WORK

2C - CONSTRUCTION SCHEDULE

START DATE:

APPROX. COMPLETION DATE:

2D - SIZE OF EXCAVATION

LENGTH:

FEET

WIDTH: FEET

SQUARE FEET:

CITY OF WASHINGTON STREET OPENING AND EXCAVATION PERMIT APPLICATION

2E - AFFECTED AREAS <i>(check all that apply)</i>
<input type="checkbox"/> CENTER OF ROAD <input type="checkbox"/> DRIVING LANE <input type="checkbox"/> CURB AND/OR EDGE OF ROAD <small>(Restoration shall be opening repair plus one (1) foot on each side)</small>
<input type="checkbox"/> SIDEWALK <small>(Restoration shall be portion of sidewalk removed / joint to joint)</small>
<input type="checkbox"/> DRIVEWAY <small>(Restoration shall be portion of driveway disturbed)</small>
<input type="checkbox"/> PUBLIC RIGHT-OF-WAY <small>(Restoration shall be replaced in-kind)</small>
NOTES: 1. Restoration of all excavated, removed, or disturbed areas shall be per City specifications. 2. Final inspection / acceptance of the restoration shall be at the discretion of the City.

SECTION 3 REQUIRED SUBMITTALS
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<input type="checkbox"/> ONE-CALL PROVIDE SERIAL NUMBER:
<input type="checkbox"/> CERTIFICATE OF INSURANCE INDICATING WORKERS' COMPENSATION AND LIABILITY COVERAGE
<input type="checkbox"/> PERFORMANCE AND MAINTENANCE BONDS (MIN. \$20,000 FOR STREET OPENINGS)
<input type="checkbox"/> APPLICATION AND GUARANTEE FEES (CERTIFIED or CASHIERS CHECK) FOR SIDEWALKS OVER 300 SQ. FT.
<input type="checkbox"/> PLANS OR SKETCH ACCURATELY DEPICTING SCOPE OF WORK

SECTION 4 FEE CALCULATION / APPLICATION FEE <i>(complete all that apply)</i>

4A <input type="checkbox"/> STREET OPENING AND EXCAVATION	\$1.00 per SQ FT of Opening	\$400.00 Minimum Fee
SQ FT:	x \$1.00 = \$	> \$400 ? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>IF NO, FEE = \$400.00</i>
4B <input type="checkbox"/> CURB CUT / DRIVEWAY RECONSTRUCTION	\$1.00 per LF of Curb / \$1.00 per SF of Driveway	\$200.00 Minimum Fee
(1) CURB LF:	x \$1.00 = \$	(2) DRIVEWAY SF:
	x \$1.00 = \$	
	(1) + (2) = \$	> \$250 ? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>IF NO, FEE = \$200.00</i>
4C <input type="checkbox"/> SIDEWALK CONSTRUCTION & REPAIR	\$1.00 per SQ FT of Sidewalk OVER 300	\$50.00 Minimum Fee
4D SIDEWALK INSPECTION FEE	projects over 300 sq. ft. only	\$50.00
SQ FT:	x \$1.00 = \$	> \$50 ? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>IF NO, FEE = \$50.00</i>
4E PUBLIC RIGHT-OF-WAY DISTURBANCES	\$100.00 FLAT FEE REQUIRED	
4F STREET OPENING INSPECTION FEE	MIN. 1 REQUIRED \$50	

TOTAL APPLICATION FEES (4A+4B+4C+4D+4E+4F) = \$
MAKE CHECKS PAYABLE TO: CITY OF WASHINGTON

**CITY OF WASHINGTON
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<i>APPLICATION NO:</i>

Restoration Guarantee

***Street Openings require min. \$20,000.00 Bond

***Sidewalk Openings over 300 sq.ft. require \$250 certified check or cashier's check payable to the City of Washington to be held until final inspection.

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ACKNOWLEDGEMENT – OFFICIAL USE ONLY

YEAR - NO. - REVISION

APPLICATION NUMBER: _____

DATE APPLICATION COLLECTED: _____

APPROVED: **YES** **NO**

DATE APPLICATION APPROVED: _____

FEES RETURNED: **YES** **NO**

IF DENIED, DATE RETURNED: _____

AMOUNT OF FEES COLLECTED : _____
(SECTION 4)

DATE FEES COLLECTED: _____

CHECK NO(s): _____

GUARANTEE TYPE: **CHECK** **BOND**

AMOUNT OF GUARANTEE COLLECTED: _____
(SECTION 5)

CHECK/BOND DATE: _____

CHECK/BOND NO: _____

DATE GUARANTEE COLLECTED: _____

DATE PERMIT ISSUED: _____

PERMIT NUMBER: _____

NAME OF OFFICIAL/AGENT: _____

SIGNATURE OF OFFICIAL/AGENT: _____

OFFICIAL/AGENT TITLE: _____

DATE: _____

INSPECTION – OFFICIAL USE ONLY

RESTORATION APPROVAL DATE: _____

APPROVED BY: _____

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<i>APPLICATION NO:</i>

PLAN/SKETCH OF WORK AREA-ATTACHMENTS ACCEPTED

