

BELLEFONTE BOROUGH

APPLICATION FOR STREET CUT PERMIT

Applicant _____
Contact Person _____
Address _____ Zip Code _____
Phone _____
Fax _____
E-Mail _____ Web Site _____

24 Hour Emergency Phone (if different from above) _____

Location of Opening _____ Size (in ft.) _____

Distance to Nearest Intersection _____ Name of Intersection _____

Description of work

Estimated Start Date _____ Time _____ End Date _____ Time _____

PA One Call Serial Number _____

NOTIFY THE BOROUGH OFFICE PRIOR TO ACTUAL START OF WORK

DRAW A DETAILED SKETCH INCLUDING ALL MEASUREMENTS BELOW

