GLEN OSBORNE BOROUGH
P.O. Box 97, Sewickley, PA 15143

Phone: 412-699-3850
glenosborneborough.org

Road Excavation/Open Cut Permit Application

Streets, Roads, Sidewalks, Curbs, and Right-of-Ways

Date: _____

APPLICANT DETAILS *(Name, phone, and email are required for at least two (2) individuals from Applicant.)*

CONTACT #1:

Name: _____ Company: _____ Phone: _____

Email:_____ Address: _____

CONTACT #2:

Name: _____ Company: _____ Phone: _____

Email:_____ Address: _____

EXCAVATION COMPANY DETAILS *(if different from Applicant)*

Name: _____ Company: _____ Phone: _____

Email:_____ Address: _____

OWNER/BOROUGH RESIDENT DETAILS *(if applicable)*

Name: _____ Phone: _____ Email:_____

Address: _____

LOCATION OF PROPOSED EXCAVATION / OPEN CUT

Street: _____

Nearest Intersection: _____

Second Intersection: _____

PA One-Call Serial Number: _____

Lawful Dig Date: _____ Approximate Date of Completion: _____

Limits of Excavation/ Size of Opening: _____ft. (L) x _____ft. (W) = _____ Sq. Ft.

Nominal Depth of Excavation: _____ Maximum Depth of Excavation:_____

Does the excavation extend beyond the pavement centerline? ☐ Yes ☐ No

Does the excavation include the sidewalk? ☐ Yes ☐ No

Does the excavation include private property? ☐ Yes ☐ No

FOR OFFICIAL USE ONLY

Date of certification by Borough for completion of work: _____

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BY SIGNING THIS FORM, THE APPLICANT AND EXCAVATOR ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK WILLL BECOME FAMILIAR WITH ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. C. 82A CMR 7.00 et seq., AND ANY APPLICABLE BOROUGH ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUES FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED APPLICANT AND EXCAVATOR AGREE JOINTLY TO REIMBURSE THE BOROUGH FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE BOROUGH IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE BOROUGH TO PROTECT THE PUBLIC WHERE THE APPLICANT OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE BOROUGH.

THE UNDERSIGNED APPLICANT AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE BOROUGH AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

THE APPLICANT SHALL CAUSE THE ROAD AND RIGHT OF WAY TO BE RESTORED IN ACCORDANCE WITH ORDINANCE NO. 415, AND OTHERWISE AGREES TO CAUSE THE WORK TO BE PERFORMED IN ACCORDANCE WITH THE PROVISIONS OF THE BOROUGH OF GLEN OSBORNE ORDINANCES AND CONSTRUCTION STANDARDS, THE APPLICANT AGREES TO CALL THE BOROUGH OFFICE AT (412) 699-3850 BETWEEN THE HOURS OF 8:30 AM AND 4:30 PM, MONDAY THROUGH FRIDAY, FOR THE REQUIRED INSPECTIONS.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Excavator (if different from applicant) Date

_____ _____

Signature of Owner/Borough Resident (if different from applicant) Date

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APPROVAL FOR ISSUANCE

_____ _____

Signature of Borough Engineer Date

_____ _____

Signature of Public Works Chairman Date