

WINDSOR BOROUGH MUNICIPAL AUTHORITY
2 E MAIN ST PO Box 190
WINDSOR PA 17366
717 244-6615 (Phone) / 717 246-3689 (Fax)

APPLICATION FOR STREET CUT PERMIT

Permit # _____

Name, Address & Phone Number of Permittee: _____

Location of Work: _____

Size of Opening in Lineal Feet: _____

Description of Work: _____

Expected Start Date: _____ Expected Completion Date: _____

The permittee agrees to fulfill all terms of Borough Ordinances regulating street excavations.

The permittee agrees to save the Borough, its officers, employees and agents from any and all costs, damages and liabilities that may accrue or be claimed to accrue by reason of such work to be done by the permittee.

Signature of person authorized to make application for permittee: _____

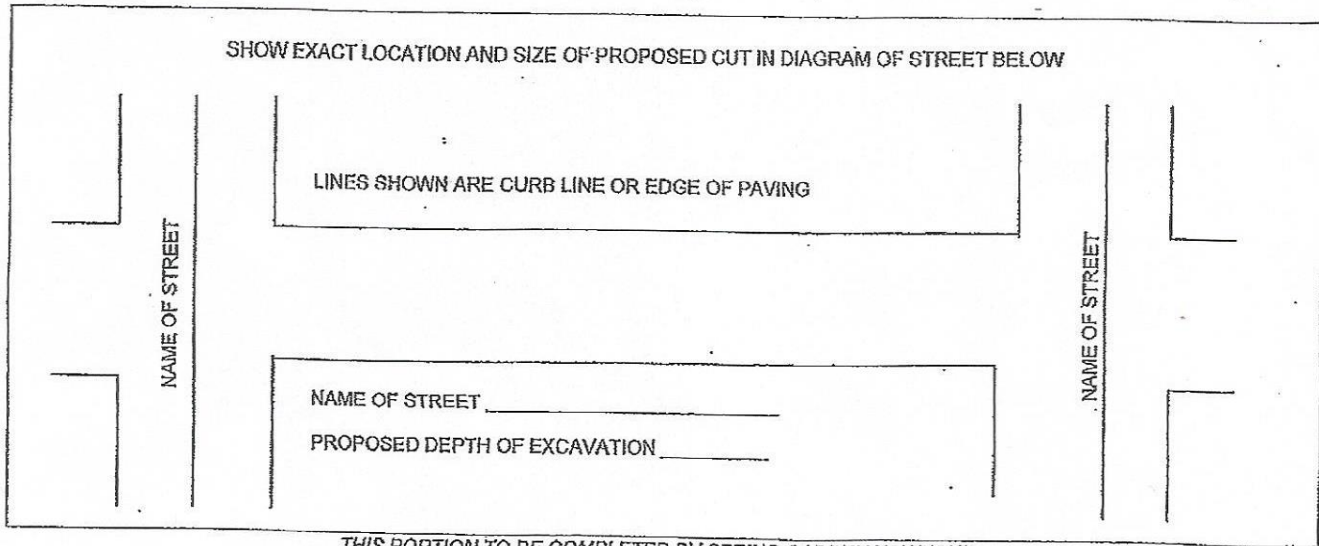
Fees Paid

Application Fee: \$75

Degradation Fee: _____ (sq. yds x \$25.00)

Inspection Fee: \$75

Total Fees Paid \$ _____



THIS PORTION TO BE COMPLETED BY SPRING GARDEN TOWNSHIP

Permit is hereby granted to the above applicant:

Date approved _____

Expiration date _____