



**APPLICATION FOR PERMIT TO EXCAVATE  
(STREET CUT PERMIT)**

**PERMIT NUMBER** \_\_\_\_\_

**Pursuant to Lemoyne's Street Cut Ordinance (No 689), application is hereby made for an excavation permit by:**

\_\_\_\_\_

**Of** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Certificate of Liability Insurance provided** \_\_\_\_\_

**PRECISE LOCATION OF EXCAVATION:** \_\_\_\_\_

❖ **Excavation Site Plan is required and must be included with the application**

**Size of opening - Length:** \_\_\_\_\_ **Width** \_\_\_\_\_ **Depth** \_\_\_\_\_

**Type of material disturbed:**

**Macadam** \_\_\_\_\_ **Gravel** \_\_\_\_\_ **Concrete** \_\_\_\_\_ **Soil** \_\_\_\_\_

**Emergency condition: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If the above spaces are insufficient, please attach extra sheets. The above may be satisfied by attaching a plan containing all of the required information.**

**Pennsylvania Act 287 requires a ONE CALL notification (1-800-242-1776) to be placed three (3) days prior to excavation.**



**Inconsideration of the issuance of the permit applied for, the undersigned, intending to be legally bound, agrees as follows:**

- 1. To do all work authorized by the permit in accordance with all applicable ordinances, laws, rules, regulations, and order, and to complete the work for a period of two (2) years from the completion: to immediately repair said should the work become unsatisfactory within such two (2) year period.**
- 2. To well and truly save, defend and keep harmless, Lemoyne, its elected officials, other officers and employees from and indemnify any and all actions, suites, demands, payment costs and charges (including reasonable attorneys and experts fees) for damages or injury occurring to any person or property or person and property through or in consequence of any act or omission of the undersigned, or the undersigned's agent, servant, contractor, engaged in, about or upon said work by or at the instance of the undersigned from the failure to same to comply with the maintenance requirements of the Lemoyne Street Cut Ordinance (No 689).**

**PERMITTEE**

**Date**\_\_\_\_\_ **By**\_\_\_\_\_  
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**Borough of Lemoyne Use Only**

**Date application approved by the Borough of Lemoyne**\_\_\_\_\_

**By:**\_\_\_\_\_

**Trisha Rafferty,**  
**Codes/Zoning Officer**