

Borough of Castle Shannon
3310 McRoberts Road
Castle Shannon, PA 15234
(412) 885-9200
(412) 885-9251

Application for Street Opening

Applicant's Name and Address: _____

Regular Phone: _____ Emergency Phone: _____

Type of Opening: Street/R.O.W. _____ Sidewalk _____ Pvt. Prop. _____ Public Prop _____

Actual Location of Opening/Address: _____

Size of Proposed Opening: _____

We will restore the area in accordance with current
Municipal specifications. _____ Yes _____ No

If no indicate specific reason/s: _____

Permit Fees: \$60.00 + \$.50 per foot for each foot over 50 feet \$ _____

Work will begin on: _____ PA "One Call" on: _____

We hereby agree to perform this work in accordance with the provisions of the Borough's Street Opening Ordinance. We will contact the Borough for the required inspections.

X _____

Print name here.

Date: _____ Approved for issuance _____

Borough Manager

Copy of the Borough's Street opening ordinance and procedures are available upon request.