



BOROUGH OF FOUNTAIN HILL

941 Long Street Fountain Hill PA 18015

Phone 610-867-0301 Fax 610-867-7153

EXCAVATION PERMIT

Applicant _____ DATE _____

Address: _____

Phone No. _____ FAX No. _____ EMAIL _____

Location of Excavation _____

Please Check Type of Work:

Sewer Connection

Water Line

Gas Connection

Utility Pole

Emergency Repair Provide Description _____

The applicant hereby agrees to abide by all rules and regulations of Borough Ordinance Chapter 21, Part 3; §301-313 under which this permit is issued. Ordinance attached. Submit plans in accordance with the ordinance § 303.1.

THE PERMIT SHALL EXPIRE ON _____

The escrow amount deposited with the Borough of Fountain Hill for repairs to street surface:

TYPE OF MATERIALS	SIZE OF TRENCH	PRICE	AMOUNT
SEE SKETCH			
			Permit Fee
			Total

Applicant Signature _____ Date _____

-----FOR OFFICE USE ONLY-----

Approved By _____ Date Approved _____

Permit No. _____