



**EAST DONEGAL TOWNSHIP**  
Lancaster County, Pennsylvania

**190 Rock Point Road • Marietta, PA 17547**  
**717-426-3167**

**STREET OPENING PERMIT APPLICATION**

**Applicant's Name:** \_\_\_\_\_  
**Full Business Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Location of Street to be opened: \_\_\_\_\_

Property owner(s) name: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_ House Numbers of Abutting Properties: \_\_\_\_\_

Size of Opening: \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Length \_\_\_\_\_

Distance of opening from curb or pavement edge (feet): \_\_\_\_\_  
(If not in pavement, note "sod", "sidewalk", "driveway", etc.)

Purpose of opening: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

I/We hereby agree to bound by the provisions of the ordinances, specifications, and regulations of the municipality governing openings in or under municipal streets and rights of way and to such special conditions, restrictions and regulations as may be imposed by the Director.

Permit Fee \$ \_\_\_\_\_ PA One Call Number (Required): \_\_\_\_\_  
Application Fee \$ \_\_\_\_\_ Applicant Number (optional): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR TOWNSHIP USE ONLY**

Deposit Information: \_\_\_\_\_ Amount Deposited \_\_\_\_\_ Cost of Work \_\_\_\_\_

Bond Information: \_\_\_\_\_ Amount of Bond \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Refund: \_\_\_\_\_ Restoration Date: \_\_\_\_\_

Dates of Inspections: \_\_\_\_\_

Reason Permit Revoked: \_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant is hereby authorized to make an opening in or under the above-named street at the designated location; provided, however, all work is performed in accordance with the applicant's plans, the municipality's ordinances, specifications, and regulations governing street openings and the following special conditions:

Or such special conditions as may be imposed during the performance of the authorized work. Restore to approved municipal standards.

Director's Signature: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_