

Taylor Borough

122 UNION STREET TAYLOR, PENNSYLVANIA 18517
Phone: (570) 562-1400 Fax: (570) 562-1415

APPLICATION FOR PAVE CUT PERMIT

PERMIT # _____

APPLICANT _____ ADDRESS _____

LOCATION AND SCOPE WORK _____

PAVE RESTORATION HISTORY: To be completed by applicant or Contractor.

EXISTING TYPE _____ REPAIR TEMPORARY _____ REPAIR PERMANENT _____

REPAIR APPROVED _____ NOT APPROVED _____ REMARKS _____

PROPOSED PAVE CUT EXCAVATION LOCATION: Not to scale.

The form contains two identical rows of three rectangular boxes. Each box is defined by a vertical line on the left and right sides, and a horizontal line at the bottom. The top of each box is open, representing a cross-section of an excavation. The first row is positioned higher than the second row.

BACKFILL AND RESTORATION
STANDARD DETAILS
(not to scale)

APPROVED BY _____

DATE _____



A NEW ERA OF UNDERGROUND PROTECTION CALL 1-800-242-1776

TELEPHONE NUMBER: () EXT: CALLER:

CONTRACTOR: FAX #: ()

ADDRESS:

CITY: STATE: ZIP: -

NOTIFICATION TYPE:

CONSTRUCTION Not less than 3 nor more than 10 Working Days

DIG DATE: TIME:

DESIGN Not less than 10 nor more than 90 Working Days

ARE MAPS BEING SENT: Yes No

WORKSITE INFORMATION:

COUNTY: MUNICIPALITY: WARD:

STREET #: STREET NAME:

NEAREST INTERSECTION:

LOCATION INFORMATION:

TYPE OF WORK: EXTENT OF EXCAV:

DESIGN STAGE ONLY:	
USGS QUADRANGLE MAP: _____	LAT/LONG: _____
STATE PLANE: X _____ Y _____	UTM GRID: X _____ Y _____

WORKING IN ST: WALK: PUB PROPERTY: PVT PROPERTY: OWNER:

OTHER (SPECIFY):

PERSON TO CONTACT: PHONE: () EXT:

REMARKS:

TO BE COMPLETED AFTER PROCESSING

SERIAL # ASSIGNED: DATE/TIME:

OTHER SERIAL # REFERENCED:

USER MEMBERS NOTIFIED:

There is an ANNUAL FEE

DO NOT FAX this form to POCS—If you are interested in FAX-A-LOCATE please call 1 800 248-1786