

BOROUGH OF CATASAUQUA
90 BRIDGE STREET, CATASAUQUA, PA 18032
(610) 264-0571 • FAX (610) (264-8228

STREET EXCAVATION/OPENING APPLICATION

UPON APPROVAL THIS APPLICATION WILL SERVE AS YOUR PERMIT

DATE RECEIVED _____ PA ONE CALL ID CODE # _____

NAME OF APPLICANT/AUTHORIZED AGENT _____

ADDRESS OF APPLICANT _____

PHONE NUMBER _____

CONTRACTOR NAME _____

CONTRACTOR ADDRESS _____

CONTRACTOR PHONE NUMBER _____

LOCATION OF STREET EXCAVATION _____

REASON FOR STREET EXCAVATION _____

SIZE AND DEPTH OF EXCAVATION _____
(ENCLOSE PROJECT PLAN/DRAWING)

PROPOSED DATE OF EXCAVATION _____ DATE OF COMPLETION _____

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT _____ DATE

PLEASE READ PAGE 2 OF THIS FORM **BEFORE** SIGNING THIS APPLICATION.

BOROUGH APPROVAL:	
_____ SIGNATURE OF ISSUING BOROUGH OFFICIAL	_____ DATE
PERMIT #: _____	FEE: _____

BY THIS APPLICATION, I, THE UNDERSIGNED, INDIVIDUALLY OR IN THE CASE OF A CORPORATION, ON BEHALF OF, AGREE TO PROVIDE THE BOROUGH OF CATASAUQUA PROOF OF WORKMEN'S COMPENSATION AND LIABILITY INSURANCE. I FURTHER AGREE THAT ALL WORK SHALL BE DONE IN FULL COMPLIANCE WITH ORDINANCE #1373, AND ALL OTHER ORDINANCES OF THE BOROUGH OF CATASAUQUA AND THE LAWS OF THE COMMONWEALTH IN RELATION THERETO.

I AGREE TO CONTACT THE POLICE DEPARTMENT AND THE PUBLIC WORKS DEPARTMENT OF THE BOROUGH TO COORDINATE ANY DETOURS, STREET CLOSURES AND ALTERED TRAFFIC PATTERNS DURING THE COURSE OF THIS PROJECT; AND TO ABIDE BY ORDINANCE #1373, AS AMENDED, REGARDING TRAFFIC CONTROL.

I ALSO AGREE, UPON COMPLETION OF THE STREET OPENING OR EXCAVATION PROJECT FOR WHICH THIS PERMIT IS ISSUED, TO REPAIR ANY DEFECTS IN THE WORK FOR A PERIOD OF TWO YEARS FROM COMPLETION, PURSUANT TO ARTICLE VIII, CHAPTER 230-35, OF THE CODE OF THE BOROUGH OF CATASAUQUA.

I FURTHER AGREE TO WELL AND TRULY SAVE, DEFEND AND HOLD HARMLESS THE BOROUGH OF CATASAUQUA FROM AND INDEMNIFY IT AGAINST ANY AND ALL ACTIONS, SUITS, DEMANDS, PAYMENTS, COSTS AND CHARGES FOR, OR BY REASON OF, THE PROPOSED OPENING, EXCAVATION AND REPAIR, AND FOR ALL DAMAGES TO PERSONS OR PROPERTY RESULTING AT ANY TIME IN ANY MANNER, IN WHOLE OR IN PART THEREFROM, OR OCCURRING IN THE PROSECUTION OF THE WORK CONNECTED THEREWITH, OR FROM ANY OTHER MATTER, CAUSE OR THING RELATING THERETO.

I HEREBY CERTIFY THAT PUBLIC LIABILITY INSURANCE IS AND WILL BE IN EFFECT FOR THE APPLICANT WITH A MINIMUM LIABILITY LIMIT OF \$1,000,000 PER OCCURRENCE AND THAT THE BOROUGH OF CATASAUQUA IS NAMED AS AN ADDITIONAL INSURED ON THAT POLICY FOR THIS WORK AND FOR DAMAGES CAUSED SUBSEQUENTLY BY IMPROPER WORK AND REPAIR OF THE PROPERTY. THIS INSURANCE WILL BE PRIMARY OVER ANY APPLICABLE BOROUGH INSURANCE.

I FURTHER CERTIFY THAT A COPY OF THIS PERMIT HAS BEEN GIVEN TO MY INSURANCE COMPANY AND ATTACHED TO THIS APPLICATION IS A CURRENT AND VALID DECLARATION SHEET FROM THE INSURANCE COMPANY NAMING THE BOROUGH AS AN ADDITIONAL INSURED IN ACCORD WITH THE TERMS AND PROVISIONS OF THIS APPLICATION AND SHOWING MINIMUM PUBLIC LIABILITY INSURANCE COVERAGE OF \$1,000,000.