BOROUGH OF CATASAUQUA 90 BRIDGE STREET, CATASAUQUA, PA 18032

(610) 264-0571 • FAX (610) (264-8228)

POLE PERMIT APPLICATION

AN APPLICATION, AND PERMIT WHEN APPROVED, FOR REPLACING UTILITY POLES IN AND UPON THE STREET RIGHTS-OF-WAY IN THE BOROUGH OF CATASAUQUA, PA

Date	PA ONE CALL ID CODE #	
NAME OF APPLICANT		
AUTHORIZED AGENT OF APPLICANT,	TITLE	
ADDRESS OF APPLICANT		
PHONE NUMBER		
Name of Contractor		
Address of Contractor		
PHONE NUMBER:		
LOCATION OF POLES:		
PROPOSED DATE OF PROJECT:		
ESTIMATED DATE OF COMPLETION:		
SIGNATURE OF APPLICANT OR AUTH	ORIZED AGENT	DATE
* PLEASE READ BACK PAGE BEFORE S	SIGNING THIS APPLICATION	
Catasauqua BOROUGH APPROVA	LBY:	
SIGNATURE OF ISSUING BOROUGH	OFFICIAL D	ATE
DEDMIT #•	Err.	
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 #1126, 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 #1126, 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 SECTION #9 OF ORDINANCE #1126.

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.