BOROUGH OF WEST MIFFLIN
APPLICATION FOR STREET OPENING

Community Development Department
1020 Lebanon Road
West Mifflin, PA 15122
412-466-8174 fax 412-466-8173

APPLICANT _____

Applicants Address_____

City_____**State**_____**Zip**_____

Phone #_____ **Cell #**_____

Excavation Contractor Name_____

Contractor's Address_____

City_____**State**_____**Zip**_____

Phone #_____**Contact #**_____

Street Address or Location where Excavation / Opening is to be conducted_____

Size of Opening in square yards_____

(3 square yards or less = $50.00 Over 3 square yards $5.00 for each additional square yard or portion of)

Type of Utility _____
Start Date_____
Completion Date_____

OPENING TO BE RESTORED IN ACCORDANCE WITH BOROUGH ORD # 1168 CURB TO CURB PAVING REQUIRED.

***PA ONE CALL COMPLETED?* Yes_____ No_____ 1-800-242-1776**

Applicant / Contractor
Signature_____ **Date**_____

Do Not Write Below this Line

Fee received $_____Receipt #_____
APPROVED BY_____ Date _____
PERMIT #_____ Date Issued_____