

Contact Person:

## **Street Cut Permit Application**

123 North Front St Steelton, PA 17113

**APPLICANT/CONTACT INFORMATION** 

Application must be accompanied by a sketch, drawn to scale and including street names, showing the proposed project (may be drawn on back of application.)

**CONTRACTOR INFORMATION** 

Contact Person:

Company Name:				
			Company Name:	
Address:			Address:	
City:	Zip:		City:	Zip:
Phone:	Cell:		Phone:	Cell:
Email:	Fax:		Email:	
STREET CUT	T INFORMATION		Fax:	
Address/Location:				TRAFFIC IMPACT
Type: Trenchless / Ope	en Cut		☐ Road Closure/D	etour
Dimension:(W) x	(L) x([	D)	ı	ne Way Traffic with Flaggers
Square Feet of pavement to	be disturbed:		☐ Lane Closure (b	oth directions still open) re
Purpose:			☐ Shoulder Closur	
			☐ No Traffic Impac	
Project Start Date:			Li Other.	
Project End Date:				
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