

Borough of Clarion
1400 East Main Street
Clarion, PA 16214
Telephone: (814) 226-7707

PERMIT – STREET OPENING / EXCAVATION

Permit No. _____

Permit Expiration Date: _____

Applicant: _____ Firm: _____

Address: _____

Telephone / Fax: _____

Location of opening / excavation: _____

Purpose / scope of project: _____

Size / length and depth: _____

Total estimated cost of project: \$ _____

Estimated start date: _____ Completion date: _____

Will opening require blocking traffic / closing the street? (Y/N): _____

Explain traffic control actions: _____

Show opening / excavation location in relation to streets:

Permit fee: \$ _____ Required Surety: \$ _____

Signature (applicant): _____ Date: _____

Applicant / firm, by signing above, agrees to indemnify and hold harmless the Borough of Clarion, its officers, employees and agents from any and all costs, damages and liabilities which may accrue or be claimed to accrue arising out of any work.

Signature (code officer): _____ Date: _____

Restoration completed in accordance with specifications (PennDOT)? (Y/N): _____

Signature (inspector): _____ Date: _____