

**WHITEHALL TOWNSHIP**  
**3219 MacArthur Rd, Whitehall, PA 18052**  
**610-437-5524, ext. 1162 or 1158**

# APPLICATION FOR STREET EXCAVATION PERMIT

\_\_\_\_\_  
 APPLICATION DATE

\_\_\_\_\_  
 INSPECTION DATE

Will this excavation include a request for street closure?      **Yes\***      **No**

**\*If Yes, you must follow Road Closing procedures, closing request is NOT guaranteed to be approved.**

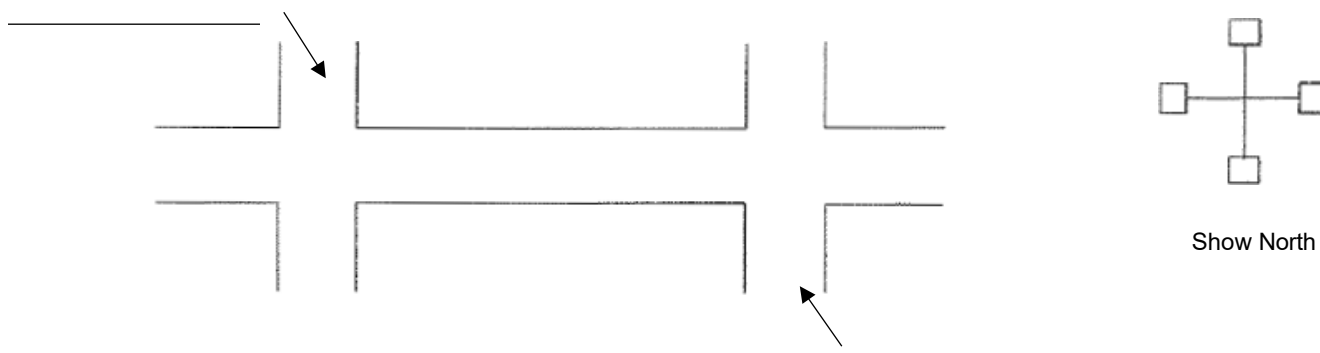
Application is hereby made by the undersigned to excavate the street known as:  
 \_\_\_\_\_ for the purpose of \_\_\_\_\_.

Work to commence \_\_\_\_\_ & to be completed \_\_\_\_\_. Opening to be \_\_\_\_\_ feet long & \_\_\_\_\_ feet wide.

Will any public right-of-way sidewalks be effected or replaced?      Yes      No

If so, prior to the issuance of this permit, a Curb & Sidewalk Permit must be applied for in conjunction with this permit.

Show Work Area – including cross streets



Depth of Excavation: \_\_\_\_\_

(If above area is insufficient, attach sketch showing location & dimensions of openings.)

**NOTE:** Per Chapter 21 of Whitehall Township's Codified Ordinances, NO Street Openings permitted between November 15<sup>th</sup> & March 15<sup>th</sup>, except for Emergency work/repairs.

TYPE OF PAVEMENT	YARDAGE	PRICE	RESTORATION DEPOSIT AMT.
*This deposit is required to cover the cost of Street Restoration if the work performed by applicant is unsatisfactory. The deposit shall be retained by the Township until the final restoration is satisfactorily completed, then 75% will be released. The remaining 25% will be held for a 24-month maintenance period from the final restoration date. **The Street Degredation Fee is a penalty for opening a street within 10 years of its surfacing. ***Could be In-House or Third Party.		*TOTAL RESTORATION DEPOSIT \$ _____ **STREET DEGREDDATION FEE \$ _____ ISSUANCE FEE \$ _____ OCCUPANCY FEE \$ _____ ***INSPECTION FEE \$ _____ <b>TOTAL \$ _____</b>	

The applicant hereby agrees to observe all applicable Township ordinances, specifications, rules and regulation under which this Permit is issued. Applicant is responsible to notify all affected police, fire, ambulance departments, as well as schools or other public utilities of proposed work. Applicant further agrees to notify the Bureau of Development at least 24 hours prior to start of work and PA One Call (1-800-242-1776) three (3) days prior to start of work.

CONDITIONS OF PERMIT: \_\_\_\_\_ PA ONE CALL ID # \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Print Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Approved: \_\_\_\_\_

Penalty: \$ \_\_\_\_\_ Revocation Date: \_\_\_\_\_ Approval/Issued Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Once permit is approved, you will receive an email with conditions of permit.

Rev. 1/2025