

**WINDSOR BOROUGH MUNICIPAL AUTHORITY**  
**2 E MAIN ST PO Box 190**  
**WINDSOR PA 17366**  
**717 244-6615 (Phone) / 717 246-3689 (Fax)**

**APPLICATION FOR STREET CUT PERMIT**

Permit # \_\_\_\_\_

Name, Address & Phone Number of Permittee: \_\_\_\_\_

**Location of Work:** \_\_\_\_\_

**Size of Opening in Lineal Feet:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

Expected Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

*The permittee agrees to fulfill all terms of Borough Ordinances regulating street excavations.*

*The permittee agrees to save the Borough, its officers, employees and agents from any and all costs, damages and liabilities that may accrue or be claimed to accrue by reason of such work to be done by the permittee.*

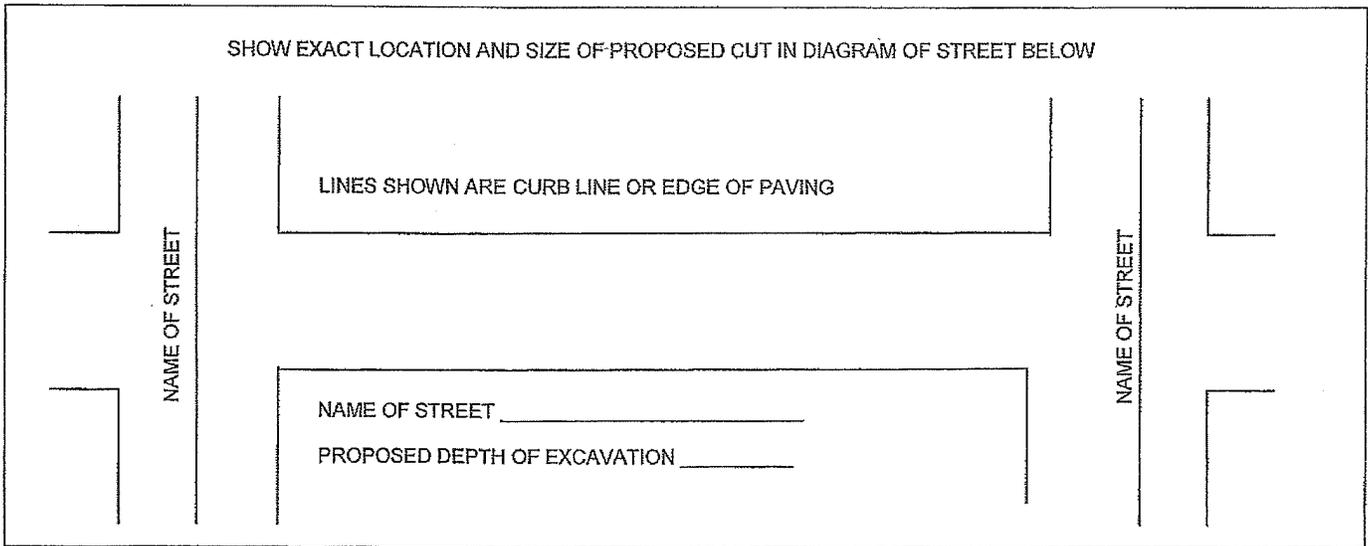
Signature of person authorized to make application for permittee: \_\_\_\_\_

**Fees Paid**

**Application Fee:**   \$275   (includes application fee, inspection & admin fee)

**Cut Fee:** \_\_\_\_\_ (sq. yds x \$75.00)

**Total Fees Paid \$** \_\_\_\_\_



**-THIS PORTION TO BE COMPLETED BY WINDSOR BOROUGH-**

**Permit is hereby granted to the above applicant:**

**Date Approved:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_