

**APPLICATION FOR PERMIT
TO OPEN, DIG OR EXCAVATE IN ANY STREET
OR SIDEWALK WITHIN THE CITY OF ALIQUIPPA**

PURSUANT TO ORDINANCE NO. 4 OF 1994

1. NAME OF APPLICANT: _____

2. ADDRESS OF APPLICANT: _____

3. PHONE NO. OF APPLICANT: () _____

4. EXACT LOCATION OF PROPOSED OPENING OR EXCAVATION:

5. APPROXIMATE SIZE OR DEPTH OF OPENING OR EXCAVATION:

6. DATE WORK TO COMMENCE: _____

7. DATE WORK TO BE COMPLETED: _____

8. REASON FOR PROPOSED OPENING OR EXCAVATION:

FURTHERMORE, I/We, the Applicant, do hereby AGREE that all work relating to the opening, digging or excavation of any street or sidewalk within the City of Aliquippa shall be done in full compliance with the ordinances of the City and the laws of the Commonwealth of Pennsylvania in relation thereto, and that I/We the applicant shall

well and truly save, defend and keep harmless the City from and indemnify it against any and all actions, suits, demands, payments, costs and charges for or by reason of the proposed opening, digging or excavation, and all damages to persons or property resulting in any manner therefrom, or occurring in the prosecution of the work connected therewith, or from any other matter, cause or thing relating thereto.

NOTICE:

THIS AGREEMENT MAY RESULT IN LEGAL LIABILITY TO YOU. DO NOT SIGN THIS AGREEMENT WITHOUT READING IT CAREFULLY.

DATE: _____

WITNESSED:

APPLICANT

WITNESSED:

APPLICANT

*****PA ONE CALL REQUIRED PRIOR TO DIGGING*****

THIS APPLICATION APPROVED BY THE CITY ADMINISTRATOR THIS _____
DAY OF _____, 20 _____.

City Administrator