

Renovo Borough
128 Fifth Street
Renovo, PA 17764

STREET OPENING PERMIT APPLICATION

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Start Date: _____ Stop Date: _____

Reason for issuing Permit: _____

Service Address: _____ Location of Opening: _____

Size of Opening: _____

Applicant Signature: _____ Date: _____

*Please provide photo documentation before and after the excavation to the Renovo Borough Secretary. Photos can also be emailed to RenovoBoro11@hotmail.com.

For Office Use Only

Application received by: _____ Date: _____ Street Opening Fee-\$250

Chairman of the Street Committee Review: _____ Date: _____

Approved _____ Denied _____ Cancelled _____ Date Paid: _____

*If streets, alleys, walks, or highways are to be closed, the permittee shall notify the Renovo Borough Police Department and Renovo Borough Fire Department through the Communications Center (570-923-2268) in advance giving time that said street, alley, walk or highway will be closed.