

**BOROUGH OF COLLEGEVILLE**  
Street Opening Permit Application

**I. LOCATION**

Address: \_\_\_\_\_

**II. OWNERSHIP**

Private       Public       Other: \_\_\_\_\_

**III. IDENTIFICATION – (To Be Completed by all Applicants)**

**CONTRACTOR**      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

**OWNER**      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

**APPLICANT**      Name: \_\_\_\_\_      Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      Phone: \_\_\_\_\_

**IV. TYPE OF CONSTRUCTION**

Trench       Boring       Repair or Replacement

**V. DESCRIPTION OF WORK**

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Borough of Collegeville  
491 E. Main Street  
Collegeville, PA 19426  
610.489.9208 610.489.6661 (fax) [www.collegeville-pa.gov](http://www.collegeville-pa.gov)

**VI. PURPOSE**

Utility     Water     Sanitary     Cable     Storm Drainage

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**VII. NOTIFICATION**

PA One Call Utility Number: \_\_\_\_\_

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**VIII. DATE OF INSTALLATION**

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

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**IX. SIGNATURE**

*Deposit of check representing the fee for this application does not constitute approval of or granting of same by Collegeville Borough. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Collegeville Borough.*

**SIGNATURE OF APPLICANT                      ADDRESS                      DATE**

\_\_\_\_\_  
\_\_\_\_\_

**X. VALIDATION (For Department Use Only)**

Permit Number: \_\_\_\_\_

Permit Issued: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Check Number: \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

Borough Official

\_\_\_\_\_  
Title

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**XI. SITE PLAN (Please provide or attach site plan details)**

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# **BOROUGH OF COLLEGEVILLE**

## **Street Opening Permit Procedures**

*A Street Opening Permit is required for all street openings of any type.*

**PART I** – Location (Must be provided on all applications)

**PART II through VIII** – Complete every section

**PART IX** – Sign and date application – Provide phone numbers of where owner, resident, and contractor may be reached. Contractors making application must provide a Certificate of Insurance verifying coverage for Worker's Compensation and their Federal or State Employer Identification Number (EIN).

**PART X** – To be completed by Borough

**PART XI** – Site Plan – Show all dimensions of entire site (length x width x square feet of trench). Identify all streets affected by construction. Place all buildings, signals, and signage within construction area and indicate whether existing or proposed. **The contractor is responsible for the accuracy of this site plan.**

### **ADDITIONAL INFORMATION**

**Fees** – Permit fees must be submitted with the permit application.

**Plans and Specifications** – Three (3) copies of plans of work to be completed must be submitted with application.

**Review** – The application will be reviewed for compliance with all Borough Codes and Ordinances.

**Permit Granted** – Work may not start until permit is granted.

**Inspections** – Call the Borough Office (610-489-9208) at least 24 hours in advance to schedule inspections. Responsibility for notification for inspections lies with the contractor. **If appropriate inspections are not requested, un-inspected work will not be granted final approval.**

### **PLEASE NOTE**

- Any work within the cartway must be repaired to Borough specifications.
- Barricades with flashing lights must be provided wherever any hazard exists in accordance with PennDOT standards.
- Compaction must be in accordance with PennDOT standards. Any settlement must be addressed immediately as it occurs.
- No street may be closed without Borough approval and written notification to all Emergency Services, School District, and residents. Detour route and signage must be pre-approved.
- Signs and flag people must be provided to PennDOT standards.
- All holes and open trenches must be securely covered or backfilled per Borough specifications when holes or open trenches are left unattended, for the health and safety of residents.
- Borough must be notified of exact date when work is to start so Borough can inspect.
- Borough must be notified of the exact date when work is completed so Borough can inspect.

**SCHEDULE OF FEES**  
*(Resolution 2011-01)*

**Right-of-Way/Street Opening**

- a. 50 linear ft. or less           **\$100.00**
- b. Each additional 100 linear ft.   **\$ 20.00**

**Utility Pole Installation**

- a. Up to 4 poles                   **\$ 60.00**
- b. Each additional pole           **\$ 20.00**

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**WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION**

**A. THE CONTRACTOR IS:** (if the owner is doing the work, check NO and sign below)

A contractor within the meaning of the Pennsylvania Workers' Compensation Law

YES  NO

If the answer is "yes", complete section B and C, as appropriate, and sign below.

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**B. INSURANCE INFORMATION** (if filling out this section, the CONTRACTOR must sign below)

Name of Contractor \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Contractor is a qualified self-insurer for Workers' Compensation

Certificate Attached

Name of Workers' Compensation Insurer \_\_\_\_\_

Workers' Compensation Insurance Policy No. \_\_\_\_\_

Certificate Attached

Policy Expiration Date \_\_\_\_\_

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**C. EXEMPTION** (if filling out this section, the CONTRACTOR must sign below)

Complete Section C if the contractor is claiming exemption from providing Workers' Compensation Insurance.

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provided proof of insurance to the Borough.

Religious exemption under the Workers' Compensation Law. Must be notarized.

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**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County of:** \_\_\_\_\_

**Municipality of:** \_\_\_\_\_

**Subscribed and sworn to before me this**

\_\_\_\_\_ **day of** \_\_\_\_\_ **20**\_\_.

\_\_\_\_\_  
**Signature of Notary**

**My Commission Expires:** \_\_\_\_\_

