

# HARMONY TOWNSHIP

## Application for Street Opening

Application No. \_\_\_\_\_

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Applicant: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of Opening: \_\_\_\_\_

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Location of Opening: \_\_\_\_\_  
(Attach Drawing or Map)

Dates during which opening is requested: \_\_\_\_\_

Date when opening is to be refilled and temporarily resurfaced: \_\_\_\_\_  
Temporary surface to be maintained for at least two (2) weeks free of depressions.

Public Liability Insurance (Minimum \$1,000,000): \_\_\_\_\_

Property Damage Insurance (Minimum \$100,000) : \_\_\_\_\_

Deposit or Bond (Minimum \$500): \_\_\_\_\_  
(Amount to be established by Harmony Township)

The Applicant agrees to perform all work in accordance with Ordinance No. 309, all Harmony Township Regulations, State Laws, Federal Laws, Instructions, and Directions of the Harmony Township Engineer or other authorized agent of Harmony Township. The Applicant agrees to assume all liability in connection with the work described herein.

The Applicant acknowledges receipt of the Harmony Township Standard Restoration Details for street openings and understands the construction procedures and materials to be used in the replacement and restoration of all street openings. The Applicant acknowledges that the cost of inspection will be the sole expense of the Permittee.

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APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

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### Harmony Township Use Only

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Check No. \_\_\_\_\_ Drawn on Account No. \_\_\_\_\_ Bank: \_\_\_\_\_