

APPROVED: _____

Borough Manager

Date

BOROUGH OF TOPTON STREET OCCUPANCY PERMIT APPLICATION

	■ PA.	DATE
\mathcal{L}		PERMIT NUMBER
		ORDINANCE NO. 1-1984 and ORDINANCE NO. 6-202
APPLIC	CANT:	
STREE	T NAME AND LOCATION OF WORK:	
APPLIC	CANT HEREBY PROPOSES TO:	
		FOR EMERGENCY REPAIR:
		MIT CARD NOENTRY NO
		APPROXIMATE COMPLETION DATE:
PERM	IT EXPIRATION DATE:	
1984 and application without of and This per and contact the second seco	nd 6-2022 of the Borough of Topton (he tion is being filed. Applicant agrees to cut limiting the foregoing, Applicant herel from all liability. Trmit expires one (1) year from date of pumply with the permit or the regulations	I to as the "Applicant") acknowledges receipt of a copy of Ordinances No. 1-einafter referred to as the "Borough") pursuant to which the within omply with all applicable provisions of Ordinances No. 1-1984 and 6-2022. If y agrees to indemnify and save harmless and defend the Borough of Topton armit approval, in the event of failure or neglect by the Applicant to perform the forth in the aforesaid Ordinances No. 1-1984 and 6-2022, Applicant the services of the Applicant to remove the services and annul the permit and order and direct the Applicant to remove
right-of	f-way and to restore the right-of-way to aid Ordinances 1-1984 and 6-2022, the B	onging to the Applicant and/or its contractors from the legal limits of the ts former condition. In the event the Applicant violates and provision of the brough shall have the right to enforce the provisions of the aforesaid vise provided by law. In this respect, and without limiting the foregoing, in the
	_	ires, equipment or property pose a threat to the public safety and the
		from the Borough to do so, any attorney of any court of record shall be
		enter an amicable action of ejectment and confess judgement against the
Applica	int, and the prothonotary shall be autho	ized to issue forthwith a writ of possession with costs, without leave of court
1.	Permit Filing Fee:	Blasting Bond No
_		Amount of Bond
	General Inspection Fee:	-
	Additional Inspection Fee:	
3.	The state of the s	Lyne restoration required:
	Work to be restored by (applicant)	
4.	Amount of restoration required: _	SY @ \$ / SY = \$ Total Fee Received Check No

APPLICANT:

PRINT NAME: _____