City of Easton – Bureau of Engineering

APPLICATION for STREET OPENING PERMIT

Location _____
(street name and address, or tax parcel number, or street name and block)

	OWNER (___ Applicant)	CONTRACTOR (___ Applicant)
Name	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____
Contact	_____	_____

Start Date _____ Completion Date _____

Purpose _____

Date _____ Print Name _____

Signature _____

Attach a sketch plan showing the following information.

1. Show locations and sizes of holes to be excavated.
2. Show street names.
3. Show building, addresses and landmarks.