

BOROUGH OF MERCERSBURG
113 SOUTH MAIN STREET MERCERSBURG PA 17236
Phone: 717-328-3116 Fax: 717-328-3117

APPLICATION FOR CURB/SIDEWALK CONSTRUCTION PERMIT

Date: _____

Fee Paid \$ _____ (See Borough Schedule of Fees)

Applicant Name/Address/Phone: _____

Property Owner Name/Address/Phone: _____

Curb/Sidewalk Construction Address: _____

Contractor Name/Address/Phone: _____

Description of Work: (curb/sidewalk repair, replacement, new installation including square yard(s) for sidewalk and linear feet for curb):

Curb/Sidewalk Deposit must accompany permit application.

Start Date: _____ Completion Date: _____

INSPECTION REQUIREMENTS

Pre-pour inspection required – 48 hours notice required for inspection

Final inspection required – 48 hours notice required for inspection

Contact Borough Office at 717-328-3116 to schedule inspections

REQUIREMENTS FOR CURB/SIDEWALK IMPROVEMENTS ALONG STATE ROADS

All curb/sidewalk improvements along PENNDOT highways require issuance of Highway Occupancy Permit by PENNDOT. Inspections on these improvements will be conducted by PENNDOT.

A copy of the Highway Occupancy Permit must accompany Borough permit applications. The Borough will not issue a curb/sidewalk permit for improvements along State Roads without the Highway Occupancy Permit.

I hereby certify that the foregoing statement is true and accurate and that all work performed will conform to Borough Specifications as set forth in Ordinance 7-11 adopted by Mercersburg Borough Council August 25, 2014.

Applicant Signature

Date

Borough Official Signature

Permit No. _____
(Issued by Borough)

Issue Date

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Date: _____ Pre Pour Inspection Complete By: _____

Proper Stone (57) Depth & Height Been verified? _____

Proper Depth of Forms? _____

Proper Width of Forms? _____

Contractor Name: _____

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Date: _____

Final Inspection - Per Ordinance 7-11 Completed _____

Notes: _____

Inspection Completed By: _____

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Information filed under property address folder: _____

Information entered in Work Order Software by Billing Clerk: _____