



Borough of Verona
736 East Railroad Avenue
Verona, PA 15147
412-828-8080

Excavation and Street Opening Permit

Applicant Information

Name of Applicant _____

Project Located at _____

Starting Date _____ Completion Date _____

Reason for Street Opening _____

Contractor Information

Company Name _____

Contact Person _____ Phone _____

Address _____

Applicant's Federal or State EIN _____

Project Information

Type of Pavement _____ Base and thickness (if known) _____

Distance from center line of road to gutter or ditch is _____ feet

Distance from center line of road to right-of-way is _____ feet

Nearest distance from center of road to any structure is _____ feet

Length of trench work along the road _____ feet

Width of trench along the road _____ feet

Approximate area of opening in improved surface _____ square yards

Approximate area of opening in unimproved surface _____ square yards

Depth of trench below surface _____ feet

Under and subject to all the conditions, restrictions and regulations prescribed by the Borough of Verona and on the general provisions and specifications, a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions and regulations hereinafter set force. The Borough is to be named insured on the certificate of insurance.

Fees

Nonrefundable application fee: \$150.00

Inspection fee: \$125.00 (due with application)



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Workers Compensation Insurance Information

____ Certificate of Insurance attached

____ Certificate of self-insurance attached

____ Applicant owns the property

____ Applicant does not own the property

____ Contractor/applicant is a sole proprietorship without employees

____ Contractor/applicant is a corporation, and the only employees

____ Contractor/applicant is a corporation and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act.

____ All of the contractor/applicant's employees on the project are exempt on religious grounds under Section 304.2 of the Workers Compensation Act.

____ Other. Please explain _____

1. This policy provides coverage for the requirements of the Workers Compensation Act, the Occupational Disease Act, and where applicable, the Federal Long Shore and Harbor's Worker's Compensation Act.
2. The insurer has been notified that the municipality issuing the permit, the Borough of Verona is to be named a policy certificate holder.
3. Any subcontractors used on this project shall be required to carry their own worker's compensation insurance coverage.
4. The contractor/policyholder shall notify the Borough of Verona of any change in status, cancellation or expiration of the worker's compensation coverage.
5. Violation of the Worker's Compensation Act or the terms of this permit shall subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.
6. The application is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.

My signature on behalf of or as the contractor/policyholder for this permit constitutes my verification that the statements contained here are true and that I am subject to the penalty of 18 PA C.S.A. S4909 relating to unsworn falsifications of authorities.

Signature _____

Date _____

Printed Name _____

Title _____

Name of Company _____