

**THE BOROUGH OF SEWICKLEY  
STREET OPENING APPLICATION/PLAN**



**Date:** \_\_\_\_\_ **Application/Permit Number:** \_\_\_\_\_

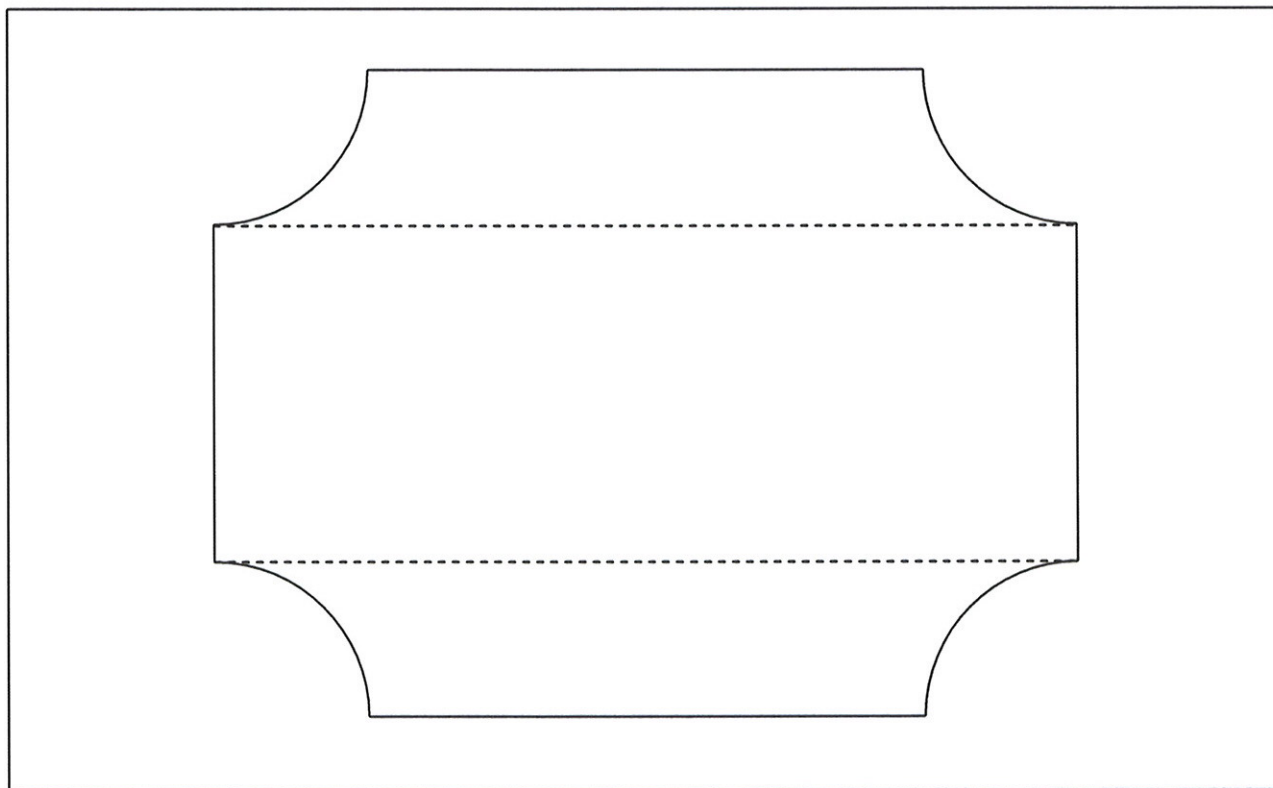
**Applicant or Contractor name:** \_\_\_\_\_

**Phone/Fax/Cell:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Applicant address:** \_\_\_\_\_

**Street Name** \_\_\_\_\_ **Intersecting Street** \_\_\_\_\_

**Size of Opening:** \_\_\_\_\_ **Reason for Street Opening:** \_\_\_\_\_



**Date:** \_\_\_\_\_ **Borough Reviewer:** \_\_\_\_\_

**Borough Approval / Date:** \_\_\_\_\_ **Borough Representative:** \_\_\_\_\_

**Final Acceptance/ Date:** \_\_\_\_\_ **Applicant Representative** \_\_\_\_\_

**Date Received Road Bond** \_\_\_\_\_ **Expiration Date of Road Bond** \_\_\_\_\_

# STREET OPENING PROCEDURE & GUIDELINES

1. All street opening applications **must be completed** and submitted **before** any excavation begins. Submit a certificate of insurance showing worker's compensation insurance with Sewickley Borough
2. The **permit fee** for all street openings is **\$250**. Please submit a check made payable to Sewickley Borough in the amount of **\$250**. Street opening permit shall not be issued until payment in full is provided.
3. A surety **road bond** shall be submitted **before** a street opening **permit** shall be **issued**. The bond shall guarantee that the permit holder shall be responsible for maintaining the portion of the street disturbed by the opening or excavation and the restored surface for a period of twelve (12) months **after** the completion of the **excavation and resurfacing**.
4. Permit applications shall be reviewed within five (5) days of a submitted application. Applicants shall be notified in writing of the **area required to be resurfaced**. Applicant shall sign the notification of resurfacing prior to any excavation of the street or public right of way. The resurfacing shall be done in such a manner as to connect with the existing street surface adjacent to the new resurfacing at the same level so that there are no uneven portions of the street, where the existing surface joins the newly resurfaced portion of the street.
5. Applicant shall contact Sewickley's Public Works Foreman between 7:00 AM & 2:00 PM, Howard Miller at (412) 741-8990, to arrange for an inspection **prior to patching** and again **after final resurfacing**. Kindly give forty-eight (48) hours notice prior to all inspections. Backfilling and resurfacing shall comply with Borough standards or Sewickley Borough shall use the applicants' road bond to make the necessary repairs.
6. Sufficient barricades, warning signs, warning lights or flares and/or traffic control by Sewickley Police shall be in operation at all times between sunset and sunrise and at all other times when visibility is such as to make their use necessary.
7. Applicant shall submit a Certificate of Insurance showing Worker's Compensation Insurance with "Sewickley Borough" as the Certificate Holder or complete the attached affidavit of Exemption.

## Checklist

- A. **Completed Application** with contact information including fax, cell & email \_\_\_\_\_
  - B. **Road Bond** dated for at least twelve (12) months after resurfacing \_\_\_\_\_
  - C. Permit Fee **\$250** check made payable to "Sewickley Borough" \_\_\_\_\_
  - D. Call for **inspection prior** to patching (Verify depth of Binder) \_\_\_\_\_
  - E. Call for **inspection of final** resurfacing (Verify compliance of surface area) \_\_\_\_\_
- (THE APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPARTMENT OF TRANSPORTATION)

The above information is true and correct. I hereby agree that all applicable provisions of the Borough codes will be complied with, as well as the requirements from the municipal water and sewage authority and the PA Department of Labor and Industry, whether specified or not.

**THE BOROUGH OF SEWICKLEY**  
**ADDENDUM TO BUILDING PERMIT**

For completion by municipal official:

Municipality: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_

I. The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

Certificate of Insurance (please attach)

Certificate of Self-Insurance (please attach)

Affidavit of Exemption

II. If a certificate of Insurance of Self-Insurance has been submitted, please complete the following:

Name of Insurer or Self-Insurer: \_\_\_\_\_

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

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

Policy #: \_\_\_\_\_ Coverage Period Ends: \_\_\_\_\_

Name of Contractor/Policyholder: \_\_\_\_\_

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

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

Contractor/Policyholder's Federal or State Employer Identification # (EIN): \_\_\_\_\_

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 Workers' Compensation Act.
2. The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.
3. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
4. The contractor/policyholder will notify the municipality of any change in status, cancellation, or expiration of workers' compensation coverage.
5. Violation of the Workers' Compensation Act or the terms of this permit will subject the contractor/policyholder to a stop-work order and other fines and penalties as provided by law.

III. If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Basis for exemption (check one):

- Applicant is an individual who owns the property
- Contractor/Applicant is a sole proprietorship without 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.  
Please explain:

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

- Other. Please explain:

Name of Applicant: \_\_\_\_\_

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

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

Applicant's Federal or State Employer Identification # (EIN): \_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of the Act.
3. Violation of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as the contractor/applicant for this building 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 to authorities.

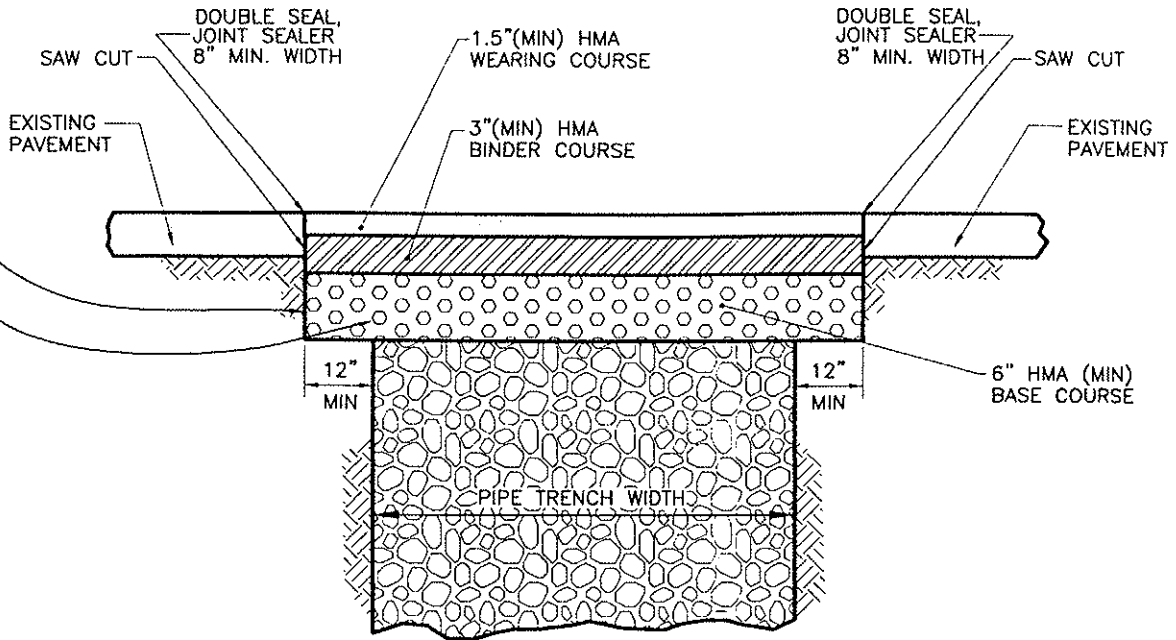
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Company




NOTE: 2 SEPARATE SAW CUTS:  
 1 CUT BEFORE CONSTRUCTION  
 1 CUT BEFORE FINAL PAVING



NOTE:  
 RE-ESTABLISH ANY PAVEMENT MARKINGS  
 AFTER CONSTRUCTION.

NOTES:

1. DURING COLD WEATHER MONTHS PROVIDE AND MAINTAIN A TEMPORARY BITUMINOUS COLD PATCH SURFACE UNTIL WEATHER PERMITS BITUMINOUS PAVING.
2. BOROUGH ROADMASTER MUST BE NOTIFIED 24 HOURS IN ADVANCE OF ROAD OPENING AND SURFACING.
3. SLAG IS NOT PERMITTED AS BACKFILL.
4. 100% STONE BACKFILL IS REQUIRED FULL WIDTH OF RIGHT-OF-WAY.
5. MILL ENTIRE ROAD TO A DEPTH OF 1 1/2". PROVIDE AN OVERLAY OF 1 1/2" WEARING COURSE OVER THE ENTIRE ROADWAY FOR THE ENTIRE LIMITS AS DIRECTED BY THE BOROUGH ENGINEER.

-  1.5" (MIN) HMA WEARING COURSE
-  3" (MIN) HMA BINDER COURSE
-  6" (MIN) HMA BASE COURSE

HMA BASE COURSE SHALL BE AS THICK AS EXISTING OR 6" MINIMUM (AFTER COMPACTION), WHICHEVER IS GREATER (TWO LIFTS)

BINDER COURSE SHALL BE AS THICK AS EXISTING OR 3" MINIMUM (AFTER COMPACTION), WHICHEVER IS GREATER

WEARING COURSE SHALL BE AS THICK AS EXISTING OR 1.5" MINIMUM (AFTER COMPACTION), WHICHEVER IS GREATER



**LENNON, SMITH,  
 SOULERET  
 ENGINEERING INC.**  
 846 Fourth Avenue  
 Coraopolls, PA 15108  
 Ph:(412)264-4400  
 Fac:(412)264-1200  
 E-mail: leee@ueoor.net

DATE:	March, 2001
FILE NAME:	026302dt
SCALE:	N.T.S.

**Borough Of Sewickley  
 Standard Detail  
 Bituminous Trench Repair**