

*Borough of
New Stanton, Pennsylvania*

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P.O. Box 237
New Stanton, Pennsylvania 15672

STREET OPENING APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____

Contact Person: _____

Purpose of Work: _____

Location of Work (street): _____

Linear ft. of Street to be affected: _____

Actual Size of Work (sq. yd.): _____

Date Work Will Start: _____

Date of Completion: _____

Bond Required: _____

Bond Post: _____

Bond Expiration Date: _____

In accordance with the accompanying sketch, and subject to all the conditions, restrictions and regulations as set forth under Borough Ordinance 97-173 Chapter 21 Part 2 §201-212

Signature of Applicant