

Borough of Bridgeport  
63 West Fourth Street, Bridgeport, PA 19405  
Phone 610-272-1811 Fax 610-292-8236

## **Road Opening Permit Application**

**Location:**

Location of Road Opening \_\_\_\_\_

Size of Road Opening \_\_\_\_\_

**Contractor:**

Name \_\_\_\_\_ Address \_\_\_\_\_

No P. O. Box

Phone # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Applicant:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Proposed Repair Method** \_\_\_\_\_

Indicate Proposes work: \_\_\_\_\_

\_\_\_\_\_

Fee \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Highlighted areas required.**

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Incomplete applications will be returned.