



# Borough of Somerset

Incorporated 1804  
 A Council – Manager Form of Government  
 P.O. Box 71, 347 West Union Street, Somerset PA 15501-0071  
 Office: (814) 443-2661 Fax: (814) 445-3881  
 www.somersetborough.com



## BOROUGH STREET OCCUPANCY AUTHORIZATION

OWNER INFORMATION							
Address of worksite:							
Owner Name(s):							
Address :							
Telephone:							
Email:							
OCCUPANCY INFORMATION							
Utility Type:	Sewer	Water	Gas	Storm	Elec.	Comm.	Other:
Pipe/Conduit Diameter:				Quantity of Pipes /Conduits:			
Burial Depth:				Length of Pipe/Conduit:			
Orientation to Borough Easement /Street:	Parallel:				Perpendicular / Crossing:		Diagonal:
Borough Street:				Nearest Intersecting Street:			

**Restoration:** Owner is responsible for all restoration related to the Owner’s work within Borough right-of-way. Restoration shall be consistent with the Borough’s and Municipal Authority’s Construction Details.

**Owner Certification:** The Owner, by signing below, verifies that all information presented in this application is true and correct. The Owner will be responsible for the ownership and maintenance of the installed utility or infrastructure identified in this application. The Owner may be required by the Borough to relocate any and all utilities or infrastructure. The Borough may require additional information such as drawings, plans, specifications, record drawings, or survey information if it is deemed necessary. All costs related to this authorization are the responsibility of the Owner.

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

**Borough Authorization:**

Authorized Borough Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_