



APPLICATION FOR EXCAVATION PERMIT

SELLERSVILLE BOROUGH

140 EAST CHURCH STREET

SELLERSVILLE, PA 18960

(215)257-5075

THE UNDERSIGNED HEREBY APPLIES FOR THE ISSUANCE OF A PERMIT FOR MAKING THE FOLLOWING EXCAVATIONS:

Applicant/Contractor Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ E-Mail Address: _____

Purpose of Excavation: _____ Number of Excavations: _____

Property Address: _____

City: _____ Zip Code: _____ Tax Map Parcel #: _____

If location cannot be fully described, please submit a plan a separate sheet

Length of Trench: _____ Feet Width: _____ Feet Depth: _____ Feet

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The actual opening shall not exceed above dimension. If made larger, an additional charge will be made.

Date of Commencement _____ Completion _____

The Undersigned hereby agrees to abide by all the Terms and Conditions of Ordinance No. 304, approved November 12, 192, under which this application is made the same as herein specifically set forth.

Applicant

Date

2026 Fees:
\$100 Base Fee plus \$10.00 per square yard