

1700 CLARK BOULEVARD ALIQUIPPA, PA 15001 PHONE: 724-512-0156 FAX: 724-512-0154

## **EXCAVATOR'S PERMIT APPLICATION**

Applicant's Name:				
Applicant's Address:		·		
Applicant's Phone:			e-mail:	
Individual	Partnership Corporation			
If a Partnership or Corp	oration, list name	es of all qualified p	ersons who require a	an Excavator's Permit:
Have you been continuthree (3) years? Yes_			g, installation, repai	rs, or cleaning for the past
Name of Company:				
Have you been continu systems for the past the				on-lot wastewater disposal
Name of Company:				
Do you own	rent	sewer excavat	on equipment?	
Do you presently hold a	an Excavator's Pe	ermit with Hopewe	ll Township? Yes	No
If Yes, provide the expi	ration date of the	current Excavator	's Permit	
Have you ever had a H	opewell Townshi	p Excavator's Perr	nit revoked/suspend	ed? Yes No
If Yes, explain the reas	on for the revoca	tion or suspension		
Do you agree to be the	responsible part	y for the Excavator	's Permit(s) issued?	Yes No
Are you requesting a re	newal of an exist	ting Excavator's Po	ermit? Yes	No
	nip Ordinances a	nd Regulations co	ncerning connection	t the Undersigned will abide to and use of the Hopewell
				Il utilities at least three (3) Call System at 1-800-242-
Signed:			Date:	
DO N	IOT WRITE BEL	OW THIS LINE -	FOR TOWNSHIP US	SE ONLY
Application Approved:				
Excavator's Permit Nur	nber:			
Excavator's Permit Fee	avator's Permit Fee: Check Number/Date:			