

**Borough of Archbald**  
**400 Church Street**  
**Archbald, Pennsylvania 18403**  
**Phone: (570) 876-1800 Fax: (570) 876-5518**  
**email: archbaldadmin@archbaldboroughpa.gov**

**APPLICATION FOR PAVE CUT PERMIT**

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Location and Scope Work: \_\_\_\_\_

Pave Restoration History: To Be Completed by Applicant or Contractor.

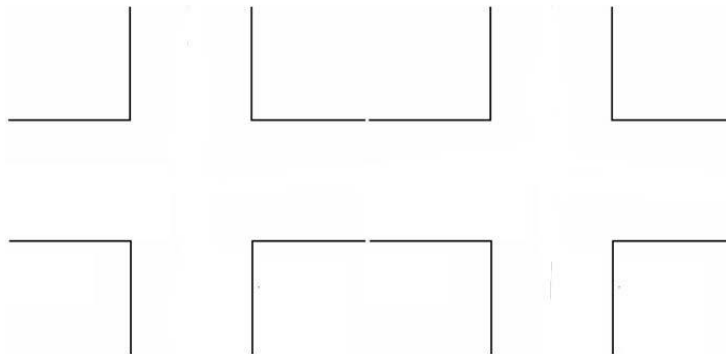
Existing Type: \_\_\_\_\_ Repair Temporary: \_\_\_\_\_

Repair Permanent: \_\_\_\_\_

Repair Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Remarks: \_\_\_\_\_

Proposed Pave Cut Excavation Location: Not to Scale.



SEE BACKFILL & RESTORATION  
STANDARD DETAILS  
(NOT TO SCALE)

Upon approval of this permit, you are required to notify ARM Group. for inspection prior to placing any backfill within the Borough Right-Of-Way at 570-903-0896.

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_