

FOSTER TOWNSHIP ZONING AND CODE ENFORCEMENT OFFICE

STREET CUT PERMIT

Applicant: _____

Date: _____

Location of Cut: _____

Size of Cut: _____

Party Responsible for cut if different from Applicant: _____

Reason for Street Cut: _____

Phone Number of Applicant: _____

Fee Submitted: _____

By signing below I attest that all the above information is correct to the best of my knowledge and that I will abide by Ordinance No. 1 of 2016 and all provisions set forth by Foster Township in reference to Opening and Cutting of Streets.

Signature of Applicant: _____

Date: _____

Date Approved: _____ Signature of Township Code Enforcement Official: _____