

**VILLAGE OF ARDSLEY
507 ASHFORD AVENUE
ARDSLEY, NEW YORK 10502**

STREET OPENING PERMIT

Name of Applicant _____

Address _____

Phone Number _____ **Fax Number** _____

Name of Owner _____

Address _____

Location of Opening _____

Sheet _____ **Block** _____ **Lot(s)** _____

Type of Surface to be Disturbed:

- (a) Concrete, brick, macadam, or other paved surface
- (b) Gravel, dirt, grass or other surface

Size of Opening _____ square feet. Patch to be 2' greater in all four directions.

Purpose of Opening _____

Sketch of location and dimensions of opening to be attached.

Applicant must keep trench in repair until turned back to Village. I hereby agree to conform to the conditions contained in the ordinance as of November 27, 1953.

Applicant

For Office Use Only

Permit Number _____

Amount Deposited _____

Amount of Fee _____

Comments/Conditions _____

Approved for Release By: _____ Date _____