**MUNICIPALITY OF NORRISTOWN**
**PUBLIC WORKS DEPARTMENT**
235 E. Airy St.
Norristown, PA 19401
610-270-0437
610-279-3603 fax

# STREET CLOSURE PERMIT APPLICATION

Permit # _____ Date _____

Contractor's Name _____ License # _____

Address _____

Phone # _____ Cell # _____ Fax # _____

Location of Street to be Closed _____

Date _____ Time _____ till _____

Reason _____

Permit Fee $ _____

(Acct. 01.322.305900)

It is hereby stipulated and agreed that the above work shall be executed in strict conformity with the provisions of all existing Ordinances governing such work, and under the direction and subject to the approval of the Public Works Director.

The undersigned further agrees to indemnify and save harmless the Municipality of Norristown from any and all loss, expenses and damages in any manner sustained through or by reason of the issue of the said permit, or by the doing of work under it, or by negligence, imperfect work, acts of omissions of the aforesaid (person, firm or corporation), or his (or their) employees.

_____ _____

Applicant Signature Approved