

MAXATAWNY TOWNSHIP
ROAD OPENING PERMIT APPLICATION

APPLICANT'S NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

EMAIL: _____

PHONE NO.: _____ FAX NO.: _____

CONTACT PERSON (If different from above) _____

CONTRACTOR: _____

CONTRACTOR ADDRESS & PHONE #: _____

DESCRIPTION OF PROPOSED PROJECT _____

PURPOSE OF TRENCH _____

APPLICANT IS AN: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

DATE WORK WILL BEGIN _____

APPROXIMATE DATE WORK WILL BE COMPLETED _____

ESTIMATED COST: _____

TYPE OF SURFACE TO BE CUT: _____ ASPHALT _____ CONCRETE _____ CONCRETE W/BITUMINOUS SURFACE

_____ OTHER (EXPLAIN) _____

NUMBER OF POLES TO BE ERECTED _____ /N/A _____

APPROX. AREA OF OPENINGS IN IMPROVED SURFACE (SY) _____

APPROX. AREA OF OPENINGS IN UNIMPROVED PART (SY) _____

LENGTH OF TRENCH TO BE CUT (FEET) _____

DEPTH OF TRENCH BELOW SURFACE (INCHES) _____

APPLICANT'S INSURANCE CARRIER _____

(NOTE: IN ACCORDANCE WITH MAXATAWNY TOWNSHIP ORDINANCE 2008-6, SECTION III, INSURANCE CERTIFICATE SHOWING COVERAGE MUST BE SUBMITTED WITH APPLICATION, AND MUST LIST MAXATAWNY TOWNSHIP AND WEISER ENGINEERING ASSOCIATES, INC., AS AN ADDITIONAL INSURED).

WILL ANY BLASTING BE USED IN THIS PROJECT? _____ YES _____ NO

If yes, applicant must provide documents in accordance with Maxatawny Township Ordinance 1974-5.

WILL THE PROJECT REQUIRE ANY LANE CLOSURES _____ YES _____ NO (IF YES, PENNDOT COMPLIANT TRAFFIC CONTROL REQUIRED).

WILL IT REQUIRE ANY DETOURS _____ YES _____ NO

IF YES, PROVIDE PROPOSED ROUTE FOR SUPERVISOR APPROVAL (ATTACH ROUTE PLAN) _____

Applicant shall submit two (2) copies of this application form, two (2) copies of plans showing the location and detailed design for the proposed work, the certificate of insurance and the required application fee. The fee shall be paid by check or money order, and shall be made payable to "Maxatawny Township." As-built plans shall be required (Section 10 c; Ordinance 2008-6)

INCOMPLETE APPLICATIONS SHALL BE REJECTED

I HAVE READ AND WILL COMPLY WITH MAXATAWNY TOWNSHIP ORDINANCE 2008-6, WHICH REGULATES THE OPENING OR EXCAVATING OF TOWNSHIP ROADWAYS.

APPLICANT'S NAME (PRINT CLEARLY)

DATE

APPLICANT'S SIGNATURE (Executive Officer or authorized representative)

To be completed by Maxatawny Township

APPLICATION FEE \$: _____ CHECK#: _____ DATE: _____ RECEIVED BY: _____

SUBMITTED DOCUMENTS	YES	NO	N/A	REQUIRED
APPLICATION COMPLETE	_____	_____	_____	_____
PLANS: SIGNED & SEALED SPECIFICATIONS	_____	_____	_____	_____
WORKER'S COMP. INS.	_____	_____	_____	_____
CERTIFICATE OF INSURANCE	_____	_____	_____	_____
ROAD OPENING APPROVAL	_____	_____	_____	_____

MAXATAWNY TOWNSHIP HIGHWAY OCCUPANCY PERMITS ARE REQUIRED BEFORE:

- CUTTING INTO A ROAD OR RIGHT-OF-WAY ON A TOWNSHIP ROAD
- INSTALLATION, REPAIR OR REPLACEMENT OF UTILITY FACILITIES OR SIMILAR STRUCTURES
- CHANGING OR ADJUSTING THE SLOPE OF A TOWNSHIP ROAD OR RIGHT-OF-WAY

APPLICATIONS FOR MAXATAWNY TOWNSHIP HIGHWAY OCCUPANCY PERMITS ARE REQUIRED TO BE SUBMITTED IN THE NAME OF THE OWNER OR OPERATOR OF A FACILITY WHERE BURIED FACILITIES SUCH AS PIPING OR WIRING WILL BE EXCAVATED OR INSTALLED.

SUBMIT TWO COMPLETE SETS OF DETAILED PLANS OF GOOD QUALITY WITH YOUR APPLICATION. THE PLANS MUST CLEARLY ILLUSTRATE THE LOCATION AND PERTINENT DIMENSIONS AND DETAILS OF BOTH THE PROPOSED INSTALLATION AND EXISTING SITE CONDITIONS.