

APPLICATION FOR TOWNSHIP HIGHWAY OCCUPANCY PERMIT

_____ Township, _____ County

CALL BEFORE YOU DIG!
PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE
-- STOP CALL 811
Pennsylvania One Call System, Inc.

Township Contact Information:

Dover Township
2480 West Canal Rd
Dover PA 17345
717-292-3634

E-mail Completed Forms to:
Camber Coleman
ccoleman@dovertownship.org

Any work performed within the right-of-way of a township road requires submission of two copies of this form along with two copies of sketch showing location and details of the proposed work.

Any work performed on a township road over, under, or within, the limits of a limited access state highway, requires a state permit.

The prescribed permit fee shall accompany the application and sketch. Schedules of fees are furnished on request.

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

LOCATION WHERE WORK IS TO BE COMPLETED

Township street or address: _____

Township: _____

County: _____

Applicant is an (please check response): *Individual* *Partnership* *Corporation*

Anticipated start date: _____ **Anticipated completion date:** _____

Required Data: The road surface is improved to a width of _____ ft. Distance from center of line to roadway or gutter or ditch: _____ ft.
Distance from center line of road to right-of-way line: _____ ft.

Number of poles to be erected: _____. Nearest distance from center of road to structure: _____ ft. Distance of proposed work along road _____ ft.

The improved surface of the road (*will*) (*will not*) be opened. Approximate area of openings in improved surface: _____ sq ft. Length of trench along road: _____ ft. Depth of trench below surface: _____ in.

DESCRIPTION AND PURPOSE OF WORK

(Attach additional sheets as necessary)

Applicant Signature: _____

Date: _____

FOR TOWNSHIP USE ONLY:

DENIED

APPROVED

Permit Issue Date: _____

Work to be completed by: _____ **Permit #** _____

Application Fee: _____ **Inspection Fee:** _____ **Total:** _____

Plans required: ☐ NO ☐ YES **If yes, are plans satisfactory:** ☐ NO ☐ YES

Traffic control plan consistent with MUTCD: ☐ NO ☐ YES

White Copy Applicant

Yellow Copy Township