



LOWHILL TOWNSHIP
7000 Herber Rd
New Tripoli, PA 18066
610-298-2641

LOWHILL TOWNSHIP RIGHT-OF-WAY OR ROAD OCCUPANCY PERMIT APPLICATION

THIS PERMIT IS REQUIRED FOR WORK WITHIN THE RIGHT-OF-WAY OF A PUBLIC STREET

PLEASE PRINT LEGIBLY AND FILL OUT FORM

DATE RECEIVED:

PROPERTY ADDRESS: _____ **APPLICATION DATE:** _____

APPLICANT NAME: _____ **PHONE:** (_____) _____

APPLICANT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of Lowhill Township.

APPLICANT PRINTED NAME AND SIGNATURE: _____

IF THIS APPLICATION IS NOT BY THE PROPERTY OWNER, THEN BY WHAT AUTHORITY: _____

CONTRACTOR NAME: _____ **PHONE:** (_____) _____

CONTRACTOR ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

PROPERTY OWNER NAME: _____ **PHONE:** (_____) _____

OWNER ADDRESS: _____ **FAX/CELL:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **EMAIL:** _____

TYPE OF WORK TO BE DONE (CHECK ALL THAT APPLY AND COMPLETE "TYPE OF WORK TO BE DONE" ON PAGE 2)

WORK WITHIN A STREET RIGHT-OF-WAY

- New Construction (excavation only)
- Reconstruction (excavation only)
- Resurface Only of Road/Shoulder (no excavation or expansion)
- All Utilities (including cable/communication Installation excavation)
- Sidewalk/Curb Repair or Replacement
- Road Opening in New Street (Surface <5 years old)

WORK WITHIN A TOWNSHIP EASEMENT

- Utility Pole/Anchor Installation- # of poles replaced/installed _____
- Utility Connection/Repair (no excavation)
- Other: _____

Project Start Date: _____

Approximate Completion Date: _____

LOWHILL TOWNSHIP OFFICE USE ONLY:

FEES:

Application Fee (due at application): \$ _____ check# _____ Permit Denied Date: _____

Inspection Fee (See Fee Schedule): \$ _____ check# _____

Escrow Fees (See Fee Schedule): \$ _____ check# _____

Other: \$ _____ check# _____

*TOTAL \$ _____

*All Fees Due at Application and all Fees are Cumulative

PERMIT ISSUED BY: _____ TITLE: _____ DATE: _____

PERMIT AUTOMATICALLY EXPIRES NINETY (90) DAYS AFTER APPROVAL IF NOT PICKED UP

TYPE OF WORK TO BE DONE (PLEASE PROVIDE SKETCH OF WORK AND DESCRIPTION BELOW)

1. Open the road surface, road shoulder or Township Right-Of-Way by excavation.
2. Installation of underground facilities by excavation within the road surface, shoulder, or Township Right-Of-Way.
3. Installation of above-ground facilities by excavation within the road surface, shoulder, or Township Right-Of-Way.
4. Construct road crossings of any facilities which require excavation through or boring under a Township road.
5. Conduct earthmoving within the road shoulder or Township Right-Of-Way for sidewalk, curb, or landscaping.
6. Directional boring or drilling under Township Roads and Right-Of-Ways.

BASIC DATA APPLICABLE TO THIS APPLICATION
(TO BE FILLED OUT BY APPLICANT)

1. The road surface is (improved) (unimproved). (Please circle one only.)
2. Improved roadway width in feet _____. Improved roadway length in feet _____.
3. Total square footage of area to be disturbed for roadway opening _____.
4. Distance from center line of roadway to gutter or ditch _____ feet.
5. Distance to property line _____ feet.
6. Pipe necessary for road drainage, water lines or conduit.
 - Type _____
 - Length _____
 - Size _____

Areas involving asphalt must be filled with 6-inches of stone, 4-inches binder and 2-inches wear surface and compacted between each layer. Roadway must be saw cut before final restoration as approved by the Township. Also, surrounding area of saw cut must be sealed. All other areas of right-of-way must be filled in with 12-inch increments compacted between layers. **Because of required inspections during the progress of installation and before filling and completion, the permittee must contact, the Township, before completion of any paving restoration project.**

Pa One Call Serial # _____ Date: _____ Time: _____

The applicant agrees to all conditions and restrictions in accordance with the accompanying site plan and/or drawings, Erosion & Sedimentation Control Plan, Grading Plan, and all other **applicable** permits for this project. These regulations are regulated by Lowhill Township, as stated on this Permit. All work to be done in accordance and subject to 67 PA Code, Chapter 213 (Work Zone Traffic Control), PA Act 38 (PA One Call), and all other conditions, restrictions and regulations prescribed by Lowhill Township with the same force and effect as if written or printed here and under and subject to special conditions, restrictions, and regulations may be imposed by the Township.

I/We agree to protect, defend, indemnify and save harmless the Township, Officer or Agents thereof, from all claims, suits, actions and proceedings of every nature and description whatsoever which may be brought against the Township Officers or Agents thereof, for or on account of injuries or damages to persons and/or public or private property, due to any materials or applications in the work or by account of improper materials of workmanship, or for on account of any accident or any other act, negligence or omissions of said applicant or his agents, servants or employees, and the Township shall not in any way be liable therefore. The applicant is (1) that person or persons who will be doing the work; or (2) the property owner. Please refer to Ordinance #89-07 Street Openings for a complete understanding of your requirements as a permittee, which requirements are incorporated herein by reference.

PROPERTY OWNER'S SIGNATURE

Date Signed _____

CONTRACTOR'S SIGNATURE

Date Signed _____

Detailed Description of Work Below. If you need more space, please attach drawings or site plan to this application: