

**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 MCCARTHY ENGINEERING, 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: \_\_\_\_\_

<b>SUBMITTED DOCUMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>REQUIRED</b>
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.