

CASS TOWNSHIP, SCHUYLKILL COUNTY
APPLICATION FOR WORK IN ROAD RIGHT-OF-WAY

PERMIT NUMBER: _____

APPLICATION DATE: _____

PERMIT FEE: \$100.00

DIRECTORY INFORMATION

1. APPLICANT'S NAME AND ADDRESS:

2. OWNER'S NAME AND ADDRESS (IF DIFFERENT THAN APPLICANT):

3. TELEPHONE NUMBER OF:

APPLICANT: () _____ - _____.

OWNER: () _____ - _____.

4. ADDRESS/LOCATION OF PROPERTY (PLEASE BE DESCRIPTIVE AND INCLUDE ROAD NAME AND NUMBER):

CONTRACTOR INFORMATION

5. IF THE WORK IS NOT BEING DONE BY THE OWNER, LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CONTRACTOR(S):

6. THE FOLLOWING MUST BE COMPLETED:

A. IS PROOF OF WORKERS COMPENSATION ATTACHED TO THIS APPLICATION?
YES _____ NO _____

- B. IF THE ANSWER IS NO, THEN THE NOTARIZED STATE FORM MUST BE ATTACHED TO THIS APPLICATION INDICATING THAT THE CONTRACTOR HAS NO EMPLOYEES.
- c. IS PROOF OF GENERAL LIABILITY INSURANCE ATTACHED TO THIS APPLICATION?
YES _____ NO _____

SCOPE AND NATURE OF WORK

7. PROVIDE A COMPLETE DESCRIPTION OF THE PROPOSED WORK: _____

NOTE: A SKETCH PLAN DRAWN TO SCALE MUST BE ATTACHED TO THIS APPLICATION SHOWING LOCATION AND DETAILS OF PROPOSED WORK.

8. DESCRIBE ANY REMEDIATION WORK TO BE PERFORMED TO RESTORE THE ROAD OR RIGHT-OF-WAY AFTER COMPLETION OF WORK:

NOTE: FINANCIAL SECURITY IS REQUIRED FOR THE COST OF REMEDIATION IN THE AMOUNT OF THE ESTIMATED REMEDIATION COSTS.

9. SIZE OF AREA:

WIDTH: _____.

DEPTH: _____.

SQUARE FEET: _____.

10 APPROXIMATE DATE WHEN WORK WILL COMMENCE: _____

APPROXIMATE DATE WHEN WORK WILL BE COMPLETED: _____

11. HAVE YOU COMPLIED WITH THE UNDERGROUND UTILITY LINE PROTECTION ACT AND CONTACTED ALL OF THE UTILITIES IN ACCORDANCE WITH THE ACT?

YES _____ NO _____

IF NO, PLEASE EXPLAIN: _____

12. PLEASE INCLUDE THE FOLLOWING INFORMATION:

Location Map _____

Construction Plans _____

Traffic Control Plan _____

Comprehensive General Liability Insurance _____

Proof of Worker's Compensation or Affidavit _____

Estimated Costs of Remediation and Financial Security _____

THE INFORMATION, WHICH I HAVE PROVIDED WITHIN THIS APPLICATION, IS TRUE AND CORRECT. I HEREBY AGREE TO OBEY AND CONFIRM TO ALL ORDINANCES OF THE TOWNSHIP DURING THE PERFORMANCE OF THE WORK UNDER THIS PERMIT. I FURTHER AGREE TO NOTIFY THE TOWNSHIP CODE ENFORCEMENT OFFICER OF ANY CHANGES WITH THE INFORMATION PROVIDED IN THIS APPLICATION. I ALSO AGREE TO REIMBURSE THE TOWNSHIP FOR ANY INSPECTION FEES INCURRED BY THE TOWNSHIP WITH THE WORK TO PERFORMED BY ANY PROFESSIONAL CONSULTANT AS THAT TERM IS DEFINED UNDER THE PA MPC.

SIGNATURE OF OWNER

DATE

SIGNATURE OF APPLICANT

DATE

TOWNSHIP USE ONLY

TOTAL AMOUNT OF FEES COLLECTED: \$ _____

TOTAL AMOUNT OF FINANCIAL SECURITY: \$ _____

APPROVED _____ DENIED _____ THIS _____ DAY OF _____ 2019.

CODE ENFORCEMENT OFFICER

**CASS TOWNSHIP
SKETCH PLAN DRAWN TO SCALE**

Indicate North



I will have the road excavation or opening performed in accordance with the dimensions and locations indicated above.

Date: _____

Signature of Applicant