

SADSBURY TOWNSHIP CRAWFORD COUNTY

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ROAD OPENING PERMIT APPLICATION

Any work performed within the right-of-way of a township road requires submission of a copy of this form along with a detailed plan showing location and details of proposed work. A schedule of fees is provided upon request.

APPLICANT INFORMATION

Name: _____ Contact person: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Email: _____

The Applicant is: an individual a corporation a limited liability corporation a government organization

Township Road and/or Address Where Work is to be Completed: _____

Anticipated start date: _____ Anticipated completion date: _____

Road surface is improved to a width of _____ ft. Distance from center of line to roadway or ditch: _____ ft.

Distance from center line of road to right-of-way line: _____ ft. Number of openings: _____

Driveway: _____ Minimum Use (single-family dwelling or multi-family five or less units) _____ Low to high volume

Utilities: _____ New installation _____ Repair _____ Replacement _____ Service Connection/Disconnection _____ Removal

Poles & Towers: _____ # of poles to be erected Distance of proposed work along the road _____ ft

Improved surface of road (_____) will or (_____) will not be opened. (choose one)

Surface openings (total linear feet): _____ in pavement _____ in shoulder

Surface openings (total area in sq ft) _____ in pavement _____ in shoulder

Depth of trench below surface: _____ in.

DESCRIPTION & PURPOSE OF WORK

Permit is subject all the restrictions and regulations adopted by the Township and any specific items, terms or restrictions as provided by the Township. Sadsbury Township may at any time revoke this permit for non-performance and non-compliance with any of the conditions, restrictions or regulations set forth by the granting of this permit. Repairs to road and right-of-way must be completed in accordance with the requirements of the Township Roadmaster.

Applicant Signature: _____

Date: _____

FOR TOWNSHIP USE ONLY: _____ APPROVED _____ DENIED

PERMIT ISSUE DATE: _____

APPLICATION FEE: _____ INSPECTION FEE: _____ TOTAL: _____

PERMIT #: _____

TOWNSHIP SIGNATURE: _____ DATE: _____

CHECK #: _____