## **ROAD OCCUPANCY PERMIT APPLICATION**

Damascus Township, 60 Conklin Hill Road, Damascus, PA 18415

Tel. 570-224-4410 Fax 570-224-4940

| APPLICATION DATE:               | PROPOSED START DATE:  |      |
|---------------------------------|---|------|
|                                 | ROAD NO   |      |
|                                 |   |      |
|                                 |   |      |
|                                 |   |      |
|                                 |   |      |
|                                 |   |      |
|                                 |   |      |
|                                 |   |      |
| CONTRACTOR ADDRESS:             |   |      |
| CONTRACTOR PHONE NO.: _         |   |      |
|                                 |   |      |
| CONTRACTOR HOME IMPROV          | VEMENT REGISTRATION: PA EXP   |      |
| ** ATTACH PROOF OF CONTE        | RACTOR'S WORKERS COMPENSATION INSURANCE   |      |
| NEAREST INTERSECTING RC         | AD  |      |
| DISTANCE TO NEAREST ROA         | .DFEET  |      |
| DISTANCE TO NEAREST INTE        | RSECTING DRIVEWAY FEET  |      |
| ** MARK THE LOCATION AT T       | HE SITE WITH FLAGGING OR PAINTED STAKES   |      |
| TOWNSHIP ROAD SURFACE:          | ☐ PAVED ☐ DIRT/GRAVEL   |      |
| DRIVEWAY USE: RES               | SIDENTIAL AGRICULTURAL COMMERCIAL   |      |
| PERMIT IS FOR: SUBDIVIS         | ION REQUIREMENT 🔲 NEW DRIVEWAY 🔲 REPAIR   | R OF |
| RESURFACING OF EXISTING         | DRIVEWAY REPAIR OR REPLACEMENT OF   |      |
| DRAINAGE FACILITIES             | ☐ RELOCATION OF DRIVEWAY ☐ FOR RECORD   | OF   |
| EXISTING DRIVEWAY               | UTILITY INSTALLATION  |      |
|                                 | I IS REQUIRED IF THERE WILL BE ANY ROADWAY<br>E TRAFFIC CONTROL PLAN TO THIS APPLICATION. |      |
| WILL ROADWAY BE COMPLET         | TELY CLOSED <u>AT ANY TIME</u> DURING CONSTRUCTION?                                       |      |
| ☐ YES ☐ NO                      | IF YES, EMERGENCY SERVICES MUST BE NOTIFIED.  |      |
| CONTACT WAYNE COUNTY 9          | -1-1 AT 570-253-3109 BEFORE CLOSING THE ROAD AND  | )    |
| WHEN THE ROAD IS OPENED         | Owner/contractor is/are required to notify emergency service                              | ces  |
| and the Township of the road cl | osure.  |      |
| EMERGENCY CONTACT PER           | SON:  |      |
|                                 | NE NUMBER:  |      |
|                                 | NTACT THE JOB FORMAN AT THE CONSTRUCTION SITE   |      |
|                                 |   |      |

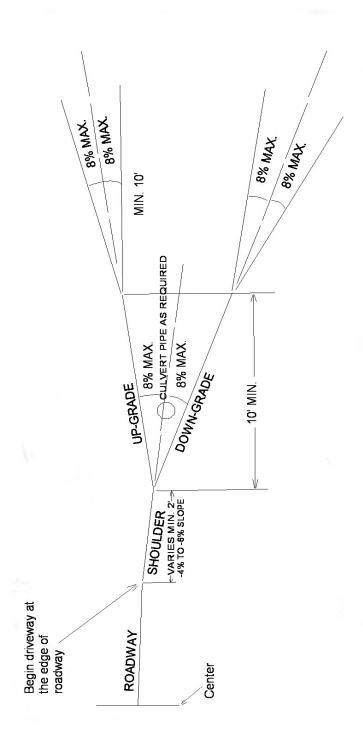
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#

## INDICATE THE PROPOSED DRIVEWAY PROFILE ON THE DRAWING BELOW:



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BY SIGNING THIS FORM THE APPLICANT AGREES TO THE FOLLOWING: 1) Property owner and contractor shall assume responsibility for repair of any damage to a Township Road during construction or damage resulting from improper driveway construction. 2) Property owner and contractor shall be responsible for vehicular and pedestrian traffic safety during construction. 3) Failure to comply with the provisions set forth in this permit may result in revocation of the permit and the property owner and contractor may be subject to legal action, penalties, and fines, and the closure of the driveway. 4) Work within a Township Right of Way without a current and valid permit is a crime and will be prosecuted. 5) Work must be started and completed within the issued permit dates.

<u>NOTICE:</u> in addition to obtaining a permit, you are hereby notified that you are required by law to contact the Pennsylvania One Call System at least three working days before starting construction.



STOP – CALL BEFORE YOU DIG! PENNSYLVNIA LAW REQUIRES THREE WORKING DAYS NOTICE Pennsylvania One Call System, Inc. 1-800-242-1776

| CORPORATE SEAL<br>THE APPLICANT IS (AN INDIVIDUAL) (A PARTNERSHIP) (A CORPORATION |   |  |  |
|---|---|--|--|
| INCORPORATED UNDER THE LAWS OF _  | )   |  |  |
| APPLICANT SIGNATURE   | DATE  |  |  |
| APPLICANT TITLE   | IF THE APPLICANT IS NOT THE OWNER,<br>THE OWNER'S SIGNATURE MUST BE<br>NOTARIZED BELOW: |  |  |
| CERTIFICATION OF OWNERSHIP AND Commonwealth of Pennsylvania, County of            | ACKNOWLEDGEMENT OF APPLICATION  |  |  |
| On this, the day of   | ,, before me, the undersigned officer,  |  |  |
| personally appeared   | , who being duly sworn according to   |  |  |
| law, deposes and says that  | is (are) the owner(s) of the  |  |  |
| property described in this application and that                                   | at the application was made with full knowledge   |  |  |
| and/or direction of the said owner(s) and the                                     | said owner(s) hereby agree(s) with this application                                     |  |  |
| and submission of same as provided by law.  |   |  |  |
|   |   |  |  |
| Property Owner  | Property Owner  |  |  |
| My Commission Expires   | Notary Public Officer seal  |  |  |