

Street Opening Permit Application

APPLICATION FOR TOWNSHIP HIGHWAY OCCUPANCY PERMIT

Lancaster Township, Lancaster County

CALL BEFORE YOU DIG!
PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE
-- **STOP CALL 811**
Pennsylvania One Call System, Inc.

Township Contact Information:
Public Works Department Superintendent
Michael Hamlin
1240 Maple Avenue
Lancaster, PA 17603
(E): mhamlin@twp.lancaster.pa.us
(O): (717) 293-1733
(F): (717) 291-6818

- Any work performed within the right-of-way of a township road requires submission of two copies of this form along with two copies of sketch showing location and details of the proposed work.
- Any work performed on a township road over, under, or within, the limits of a limited access state highway, requires a state permit.
- The prescribed permit fee shall accompany the application and sketch. Schedules of fees are furnished on request.

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: ____ Zip Code: _____
Phone: _____ Fax: _____

LOCATION WHERE WORK IS TO BE COMPLETED

Township street or address: _____
E-mail: _____

Applicant is an (please circle response): *Individual* *Partnership* *Corporation*

Anticipated start date: _____ Anticipated completion date: _____

Required Data: The road surface is improved to a width of _____ ft. Distance from center of line to roadway or gutter or ditch: _____ ft. Distance from center line of road to right-of-way line: _____ ft.

Number of poles to be erected: _____. Nearest distance from center of road to structure: _____ ft. Distance of proposed work along road _____ ft.

The improved surface of the road (*will*) (*will not*) be opened. Approximate area of openings in improved surface: _____ sq ft. Length of trench along road: _____ ft. Depth of trench below surface: _____ in.

DESCRIPTION AND PURPOSE OF WORK

(Attach additional sheets as necessary)

Applicant Signature: _____ Date: _____

FOR TOWNSHIP USE ONLY

Application Fee: _____ Inspection Fee: _____ Total: _____

Plans required: NO YES If yes, are plans satisfactory?: NO YES

Traffic control plan consistent with MUTCD: NO YES

Zoning ordinance OK: _____ Date: _____ SWM ordinance OK: _____ Date: _____

DENIED | APPROVED (circle one)

Permit Issue Date: _____

Work to be completed by: _____ (date) Permit # _____