Permit #: \_\_\_\_\_

Permit Fee: \$\_\_\_\_\_

## **ROAD OCCUPANCY/OPENING PERMIT** Escrow Fee: \$\_\_\_\_\_\_

If applicable

Lower Southampton Township 1500 Desire Ave. Feasterville, PA 19053 (P) 215-357-7300 (F) 215-357-0946

Name of Owner:Address of Owner:	
Name of Applicant (if different) : Address of Applicant:	Phone Number:
Site address:	
Description and purpose of work:	

Under and subject to all conditions, restrictions, and regulations prescribed by the Township and on the general provisions and specifications, a true copy whereof is attached and made part hereof, with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions, and regulations hereinafter set forth.

## **Date Applicable to This Application**

General.	Approximate date when work will be started:		Approximate date when work		
	will be completed:	The road surface	e is improved to a	ι width of	feet.
	Distance from center of li	ne to roadway to gutter	or ditch:	feet. Distan	ice from
	center lone of road to Rig	ht-Of-Way line:	feet.		

- Poles and Tower. Number of poles to be erected: \_\_\_\_\_\_. Nearest distance from center of road to structure: \_\_\_\_\_\_ feet. Distance of proposed work along the road: \_\_\_\_\_\_ feet.

Any work preformed within the Right-Of-Way of a Township road, requires submission of three (3) copies of this form along with three (3) copies of a sketch showing location and details of 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.

## Prior to starting any type of digging you are required to call and report to Pennsylvania One Call System (PA One Call). If you have not contacted PA One Call please call 1-800-242-1776.

Applicant Signature