

North Whitehall Township



Lehigh County, Pennsylvania

3256 Levans Road Coplay, Pa 18037 Phone: 610-799-3411 / Fax: 610-799-9639

HIGHWAY OCCUPANCY PERMIT APPLICATION

PROJECT LOCATION (ADDRESS): _____

PROPERTY OWNER: _____ ADDRESS: _____

PERMIT APPLICANT: _____ ADDRESS: _____

FOR THE INSTALLATION OF: _____

- ☐ 1. Open the road surface, road shoulder or Township Right-Of-Way by excavation.
- ☐ 2. Installation of underground facilities by excavation within the road surface, shoulder, or Township Right-Of-Way. Installation of above-ground facilities by excavation within the road surface, shoulder, or Township Right-Of-Way.
- ☐ 3. Way.
- ☐ 4. Construct road crossings of any facilities which require excavation through or boring under a Township road.
- ☐ 5. Conduct earthmoving within the road shoulder or Township Right-Of-Way for sidewalk, curb, or landscaping.
- ☐ 6. Directional boring or drilling under Township Roads and Right-Of-Ways.

BASIC DATA APPLICABLE TO THIS APPLICATION (TO BE FILLED OUT BY APPLICANT)

- The road surface is (improved) (unimproved). (Please circle.)
- Improved width in feet _____.
- Approximate date when work will be started _____.
- Working days required to complete the work _____.
- Distance from center line of roadway to gutter or ditch _____ feet.
- Distance to property line _____ feet.
- Pipe necessary for road drainage.
 - a. Type _____
 - b. Length _____
 - c. Size _____

The applicant agrees to all conditions and restrictions in accordance with the accompanying site plan, Erosion & Sedimentation Control Plan, Grading Plan, and all other **applicable** permits for this project. These regulations are regulated by North Whitehall Township, as stated on the Highway Occupancy Permit.

Area with asphalt must be filled with 6-inches of stone, 4-inches binder and 2-inches wear surface and compacted between each layer. Roadway must be saw cut before final restoration. Also, surrounding area of saw cut must be sealed. All other areas of right-of-way must be filled in with 12-inch increments compacted between layers. Because of required inspections during progress of installation and before filling and completion, please contact, Public Works, at 610-799-3411, ext. 228, before completion of restoration project.

THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANT(S)/REPRESENTATIVE(S) IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Review Approved/Denied by:

(Inspector)

(Date)

Length of road opening/crossing from edge of road		Depth of road opening / crossing	
Roadway width to be disturbed		E&S plan required/grading plan/restoration plan	
Roadway length to be disturbed		Pipe required	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:
Width of roadside swale(s)		Type	
Slope of roadside swale(s)		Length	Feet
		Diameter	Inches
APPLICATION FEE: \$100.00		ZONING DISTRICT	
CASH / CHECK #		ROAD OPENING PERMIT #	

APPLICATION FEE IS NON-REFUNDABLE