

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): _____		APPLICATION DATE: _____
APPLICANT NAME: _____		APPLICANT PHONE: _____
APPLICANT ADDRESS: _____		
APPLICANT EMAIL: _____		
CONTRACTOR NAME: _____		CONTRACTOR PHONE: _____
CONTRACTOR ADDRESS: _____		
CONTRACTOR EMAIL: _____		
PROPERTY OWNER NAME: _____		PROPERTY OWNER PHONE: _____
PROPERTY OWNER ADDRESS: _____		
PROPERTY OWNER EMAIL: _____		

TYPE OF WORK TO BE COMPLETED

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.
- ☐ 3. INSTALLATION OF ABOVE-GROUND FACILITIES BY EXCAVATION WITHIN THE ROAD SURFACE, SHOULDER, OR TOWNSHIP RIGHT-OF-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)
APPLICATION FEE:	\$100.00	ZONING DISTRICT	
CASH / CHECK #		ROAD OPENING PERMIT #	

APPLICATION FEE IS NON-REFUNDABLE