

TOWNSHIP OF RADNOR

301 Iven Avenue
Wayne, Pa. 19087-5297

Receipt No. _____
Permit No. _____

APPLICATION
For Highway Permit

APPLICANT: _____
(Name) (No.) (Street) (City) (State) (Zip) (Phone)

hereby applies for permit to do the work below in front of property

LOCATION: _____ DISTANCE & NAME OF NEAREST SIDE ST. _____
(No.) (Street)

OWNED BY: _____
whose consent, if necessary, has been obtained.

CONTRACTOR: _____
(Name) (No.) (Street) (City) (State) (Zip) (Phone)
(Name of paving Contractor to do permanent restoration.)

LIABILITY INSURANCE: Certificate is filed with the Township Secretary showing the undersigned carries a policy of insurance with limits of \$100,000/\$500,000 Personal Injury & \$500,000 property damage with the _____ Insurance Co., expiring _____, 20 ____ against any claim for damages which may arise out of the proposed work.

PURPOSE AND DESCRIPTION OF WORK:

New Work [] Repairs [] Replacement [] House Services, no. of []
Underground Work: Storm Drain, Water, Gas, Sewer, Conduit
Erection: Poles, Posts, Fence, Wall, Blasting
Construction: Drives, Sidewalks, Curbs, Gutters
Occupying Right of Way: Bldg., Materials, Other, Days

Size of Opening _____ x _____ = _____
length width sq. ft.
Type of Surface: Improved [] Unimproved []

SPECIAL APPROVAL: Does the work included in this application involve
Closing road to traffic [] from _____ M to _____ M Date: _____
Tunnelling under paving [] impossible because _____
Shade Trees or Shrubs [] Describe _____

The filing of this application constitutes an agreement that the applicant will comply with the terms and conditions set forth in all applicable Township Ordinances and Regulations. Cost of proposed opening shall be paid in advance.

Work to start _____, 20____ Per _____
Today's Date _____, 20____
(Applications must be signed)
Title _____

VOID IF NOT BEGUN WITHIN 15 DAYS

FOR DEPARTMENT USE ONLY: (Do not write below double line)
Size of Opening _____ x _____ = _____
Length Width (2 ft min) Sq. ft. Permit fee(s) \$ _____ Application approved by _____
Inspected by _____ Repaving & Inspection fee \$ _____ Charges Paid _____
Completed _____, 20____ Other charges \$ _____
Total amount due \$ _____

MAKE SKETCH ON REVERSE SIDE OF ORIGINAL OR ATTACH ENGINEERED PLAN SHOWING LOCATION TO NEAREST INTERSECTION