

Analisation Date.

## **TOWNSHIP OF SPRING**

2850 WINDMILL ROAD, SINKING SPRING, PA 19608 PHONE (610)-678-5393 FAX (610)-678-4571 www.springtwpberks.org

Application Fee: \$_	
Inspection Fee: \$ _	
Restoration Fee: \$ _	
Total Permit Fee: \$ _	

## **Application for Township Road Occupancy Permit**

Applicant's Name:		Phone No		
Applicant's Address:		Applicant's email		
Location of Proposed Work (Street Name):				
Description and Purpose of Work:				
Under and subject to all the conditions, restrictions, as specifications, a true copy whereof is attached and mainder and subject to the special conditions, restriction	ade a part hereof, with	the same force and e		
Data	a Applicable To This	Application		
General. Approximate date when work will be started: The road surface is improved to a width offee rom center line of road to Right-of-Way line:	et. Distance from center			
Poles and Tower. Number of poles to be erected: proposed work along the road:feet.	Nearest distanc	e from center of road to	structure:	feet. Distance of
Pipes Lines and Conduits. The improved surface of the rurface: sq.yds. Approximate area of openingfeet. Depth of trench below surface:	gs on unimproved part: _			
	TO BE COMPLETED BY T	OWNSHIP		<del>,</del>
Schedule Item No.				
Unit Fee				
Number of Units				
Total Fee				
he Applicant is (an individual) (a partnership) (a corporation inc	orporated under law of			)
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GENERAL INSTRUCTIONS

Any work performed 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. The prescribed permit fee shall accompany the application and sketch. Schedules of fees are furnished on request.

THE FEE SHALL BE PAID BY CHECKS OR MONEY ORDERS, AND SHALL BE MADE PAYABLE TO THE TOWNSHIP OF SPRING.