

# PERKIOMEN TOWNSHIP HIGHWAY OCCUPANCY PERMIT APPLICATION

1 TRAPPE ROAD  
COLLEGEVILLE, PA 19426  
610-489-4034 (PHONE)  
610-489-4918 (FAX)

TOWNSHIP USE ONLY			
Date Issued:	/ /	Permit #:	Approved By:
Application Fee:	\$50.00	***Compliance With:	
Permit Fee:	\$	Zoning Ordinance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Fees:	\$	Storm Water Ordinance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Escrow:	\$		

I. TYPE OF WORK OR IMPROVEMENT (check all that apply)
<input type="checkbox"/> Surface Opening <input type="checkbox"/> In Street <input type="checkbox"/> In Shoulder
Linear feet in: Street _____ Shoulder _____
Square feet in: Street _____ Shoulder _____
<input type="checkbox"/> Test Holes <input type="checkbox"/> In Street # of Holes _____ <input type="checkbox"/> In Shoulder # of Holes _____
<input type="checkbox"/> Utility Poles (New or Replacement)    # of Poles _____
Driveway: <input type="checkbox"/> New <input type="checkbox"/> Existing Driveway Modification
Reason: <input type="checkbox"/> New Dwelling or Bldg. <input type="checkbox"/> Driveway Widening or Additional Space <input type="checkbox"/> Overlay
Finish: <input type="checkbox"/> Blacktop <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Pavers <input type="checkbox"/> Other (Specify):
***Driveway applications shall be in compliance with the Township's Zoning & Storm Water Ordinance's
<input type="checkbox"/> Storm Water Tie-In to existing Storm Water Collection System
<input type="checkbox"/> Curb Replacement    Linear Feet? _____
Description of Work:

II. LOCATION OF JOB
Site Address:
Cross Streets: _____ and _____

**III. OWNER (work being done for)**

Name: \_\_\_\_\_ Phone #:        -        -

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**IV. APPLICANT**                      **CHECK IF:**     **SAME AS OWNER**

Name: \_\_\_\_\_ Phone #:        -        -

Address: \_\_\_\_\_ Fax #:        -        -

City, State, Zip: \_\_\_\_\_

**V. CONTRACTOR**

Name: \_\_\_\_\_ Phone #:        -        -

Address: \_\_\_\_\_ Fax #:        -        -

City, State, Zip: \_\_\_\_\_

Job Supervisor: \_\_\_\_\_ Phone #:        -        -

**VI. Workers' Compensation / Insurance Coverage Information**

Name of Contractor: \_\_\_\_\_ Federal or State Employer ID #: \_\_\_\_\_

Liability Insurance Company **(Must Attach Certificate)**: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Workers' Compensation Insurance Company **(Must Attach Certificate)**: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VII. APPLICANT SIGNATURE**

I HEREBY CERTIFY THAT I AGREE TO ABIDE TO ALL APPLICABLE LAWS AND CODES OF THIS JURISDICTION AS IT RELATES TO THIS PERMIT. I FURTHER AGREE THAT IF I AM THE CONTRACTOR SIGNING THIS APPLICATION , THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND I HAVE BEEN AUTHORIZED BY SUCH TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT.

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Three (3) sets of proposed plans required to be submitted with Application.****\*\*\*Driveway applications shall include a scaled or dimensioned plot plan showing lot lines, existing structures, all existing paved or concrete surfaces including walkways, and the existing and/or proposed driveway.**