

# 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: Zoning Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Storm Water Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit Fee:	\$		
Total Fees:	\$		
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 <div style="text-align: center; margin-top: 5px;">           Linear feet in: Street _____ Shoulder _____            Square feet in: Street _____ Shoulder _____         </div>
<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 _____

<b>III. OWNER (work being done for)</b>	
Name:	Phone #:        -        -
Address:	Email:
City, State, Zip:	

<b>IV. APPLICANT</b>	<b>CHECK IF:    <input type="checkbox"/> SAME AS OWNER</b>
Name:	Phone #:        -        -
Address:	Email:
City, State, Zip:	

<b>V. CONTRACTOR</b>	
Name:	Phone #:        -        -
Address:	Email:
City, State, Zip:	
Job Supervisor:	Phone #:        -        -

<b>VI. Workers' Compensation / Insurance Coverage Information</b>	
Name of Contractor:	Federal or State Employer ID #:
Liability Insurance Company <b>(Must Attach Certificate)</b> :	
Policy #:	Expiration Date:
Workers' Compensation Insurance Company <b>(Must Attach Certificate)</b> :	
Policy #:	Expiration Date:

<b>VII. APPLICANT SIGNATURE</b>
<p>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.</p>
<p>Applicant Name (print): _____ Date: ____/____/____</p> <p>Applicant Signature: _____</p>

**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.**