

WHITPAIN TOWNSHIP

960 Wentz Road
Blue Bell, Pennsylvania 19422
Telephone (610) 277-2400 | Fax (610) 277-2209

Application for Township Road Occupancy Permit

Date: _____	Employer Identification No: _____
Work Location: _____ (Route No. or Street Name)	Permit Fee: \$ _____
Application is made by: _____ (Name of applicant)	Twp. Inspect. Fee: \$ _____
_____ (Address)	Township Escrow: \$ _____
	Total Due: \$ _____
Applicant's Phone Number: _____	
Description of work: _____	

Under and subject to all the conditions, restrictions, and regulations prescribed by the Township and on the general provisions and specifications, a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under the subject to the special conditions, restrictions and regulations hereinafter set forth.

Escrow amount assessed as follows:

- 1.) Surface openings for driveways/driveway aprons/curbing/sidewalks:**
Escrow fee of \$15.00 per linear foot with a minimum escrow of \$200.00.
- 2.) Surface openings for trenching/roadway disturbance:**
Escrow fee of \$15.00 per linear foot with a minimum escrow of \$200.00.
- 3.) Utility pole removal/relocation/installation:**
Escrow fee of \$10.00 per pole with a minimum escrow of \$100.

Once work is complete a Township inspection is required. When the work meets Whitpain Township standards the entire escrow will be returned.

Data Applicable to the Application

Approximate date when work will be started: _____ Approximate date when work will be completed: _____

General: The road surface is improved to a width of _____ feet. Distance from center line to roadway to gutter or ditch: _____ feet.
Distance from center line of road to Right-of-Way Line _____ feet.

Poles & Towers. Number of poles to be erected _____. Nearest distance from center of road to structure _____ feet.
Distance of proposed work along the road _____ feet.

Pipe Lines and Conduits. The improved surface of the road (will) (will not) be opened. Approximate area of opening in improved surface: _____ sq. ft. Approximate area of openings on unimproved part: _____ sq. ft.
Length of trench along road: _____ feet. Depth of trench below surface: _____ inches.

The applicant is a Corporation incorporated under the law of Pennsylvania.

(Corporate Seal)

Name of Applicant: _____

Authorized Representative Signature : _____

GENERAL INSTRUCTIONS

Any work performed within the right-of-way of a township road, requires submission of one (1) copy of this form along with one (1) copy 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 CHECK OR MONEY ORDER AND SHALL BE MADE PAYABLE TO WHITPAIN TOWNSHIP.

CODE ENFORCEMENT OFFICE

WHITPAIN TOWNSHIP
960 Wentz Road
Blue Bell, PA 19422
buildingandzoning@whitpaintownship.org

Phone: (610) 277-2400
Fax: (610) 277-2209
Office Hours: Mon.-Fri. 1-2 p.m.
& By Appointment

Workers Compensation Insurance Coverage Information (Required for all Building Permits)

The Applicant Is (please check one only):

- A Contractor.** An insurance certificate indicating workers compensation insurance coverage and Whitpain Township as the certificate holder is required before your permit can be issued. Your insurance provider may fax the certificate to 610-277-2209, then forward the original by mail to expedite the permitting process. It is the contractor's obligation to obtain insurance certificates and affidavit documentation from all subcontractors.
- The Property Owner – Not A contractor.** Your permit will be issued indicating that you may not hire others to perform work associated with the building permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.
- A Contractor With No Employees.** Your permit will be issued indicating that you may not hire others to perform work associated with the permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.
- Claiming A Religious Exemption To The Insurance Requirement.** Your permit will be issued indicating that you may not hire others to perform work associated with the permit unless the workers compensation insurance certificate and/or affidavit documents are obtained.

Insurance Information:

Name of Applicant (Please Print): _____
Federal Employer Tax ID Number: _____
Workers Compensation Insurance Provider: _____
Insurance Policy#: _____
Policy Expiration Date: _____

Subscribed and sworn before me this
_____ Day of _____ 20 _____

Signature of Notary Public

My commission expires _____

I understand that compliance with Act 44, The Pennsylvania Workers Compensation Insurance Reform Law, is a condition Of my permit. I understand I have the obligation to provide Written notification to the township of any changes in my Insurance status. I understand that state law requires the Code Enforcement Office to issue a stop work order if the insurance Documentation requirements of the act are not maintained, or if Uninsured and/or undocumented workers are at work on any Project associated with a building permit.

Signature: _____

APPLICANT SIGNATURE REQUIRED

*Un-notarized affidavits will be notarized by the township is signed in the presence of the notary when dropped off.
A 2.00 notary fee will be added to the permit fee and collected at the time the permit is issued.*

UTILITY SKETCH

SURFACE OPENING

LESS THAN 500 LF.

Applicant _____ Application No. _____ County _____

Contact Person _____ Telephone No. () - _____ - _____

Municipality _____

Number of Openings _____ Size of Opening(s) _____ (neatly sketch below)

Indicate distance and direction to nearest intersection _____ Bridge _____ ft. (North, South East, West)

Type of Pavement:

Bituminous _____

Stabilized _____

Concrete _____

Concrete w/ Bituminous Surface _____

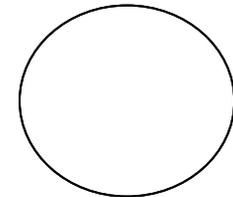
Type of Shoulder:

Paved _____

Stabilized _____

Other _____

Show
North



Legal Right of Way _____

Edge of Shoulder (curb) _____

Edge of Pavement _____

Centerline _____

Edge of Pavement _____

Edge of Shoulder (curb) _____

Legal Right of Way _____

WHITPAIN TOWNSHIP



Driveway Modification Form

ENGINEERING DEPARTMENT
PHONE (610) 277-2400

Property Owner's Name: _____ Signature: _____

Property Owner's Address: _____ Phone #: _____

_____ Date: _____

Description of Work: _____

New Impervious Area (SF): _____

[NOTE : NEW IMPERVIOUS AREA IS THE AREA OF NEW PAVEMENT/GRAVEL TO BE INSTALLED UPON UNIMPROVED LAND (I.E. AREAS OF GRASS, LANDSCAPING, SOIL, ETC.)]

Contractor Name: _____

Contractor Address: _____

Contractor Phone #: _____

NOTE: A SKETCH OF THE PROPOSED DRIVEWAY MODIFICATIONS MUST BE SUBMITTED WITH THIS FORM.

MAIL FORM TO:
Engineering Department
960 Wentz Road
Blue Bell, PA 19422

HAND DELIVER TO:
Whitpain Twp. Administration Bldg
960 Wentz Road
Blue Bell, PA 19422