

**PENN TOWNSHIP BOARD OF SUPERVISORS
228 CLIFFORD ROAD
SELINGROVE, PA 17870
(570) 374-4778 FAX (570) 374-4931**

APPLICATION FOR TOWNSHIP ROAD CUT PERMIT

Township: _____

Date: _____

County: _____

Address: Road or Street Name work is to be performed

Applicant:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Signature: _____

Description and purpose of work:

General - Approximate date work will be started: _____. Approximate date of completion: _____.

The road surface improved to a width of _____ feet. Distance from centerline of roadway to ditch _____ feet.

Distance from centerline to Right-of-Way line: _____ feet. **Poles or Towers:** Number to be erected: _____.

Distance from centerline of road to nearest structure: _____ ft. 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 openings in improved surface: _____ square yards. Approximate area openings on unimproved part: _____ square yards.

Length of trench along the road: _____ feet. Depth of trench below surface: _____ inches.

<p>FEE:</p> <p>\$150 first 50 feet of cut \$7.50 each additional foot of cut if asphalt > 5 yrs. old \$400 first 50 feet of cut \$15.00 each additional foot of cut if asphalt < 5 yrs. old</p> <p>TOTAL FEE DUE: _____</p> <p>PAID CHECK #: _____</p>

Township Signature

Date

Any work performed within the ROW of a Township road requires this submission and a sketch plan 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, will require a state permit. Fee shall accompany the application and sketch plan, by check or money order payable to Penn Township.