

ERECTED INTO A TOWNSHIP IN 1733
TOWNSHIP OF WORCESTER
AT THE CENTER POINT OF MONTGOMERY COUNTY
PENNSYLVANIA

1721 Valley Forge Road
P.O. Box 767
Worcester, PA 19490

Phone (610) 584-1410
Fax (610) 584-8901

Township Road Occupancy Permit Application

Date: _____

Township of Worcester, Montgomery County

Use Mailing Address of Township

Route No., Road Name or Street Name (where work is being done)

Application is hereby made by:

(Name of applicant)

of _____,
(Post office address)

<u>DO NOT WRITE IN THIS SPACE</u>	
Application Fee:	\$ _____
Inspection Fee:	\$ _____
State Fee:	\$ _____
Total:	\$ _____

Pennsylvania for permission to _____

(Description and purpose of work)

Under and subject to all 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 and subject to the special conditions, restrictions, and regulations hereinafter set forth.

Data Applicable to this Application

General. Approximate date when work will be started: _____. Approximate date when work will be completed: _____. The road surface is improved to a width of _____ feet. Distance from center of line to roadway to gutter or ditch: _____ feet. Distance from center line of road to Right-of-Way line _____ feet.

Poles and Tower. 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 openings in improved surface _____ sq. yds. Approximate area of openings on unimproved part: _____ sq/ yds. Length of trench along the road: _____ feet. Depth of trench below surface: _____ inches.

TO BE COMPLETED BY TOWNSHIP

Schedule Item No.						
Unit Fee						
Number of Units						
Total Fee						

The applicant is (and individual) (a partnership) (a corporation incorporated under the law of _____)

(Corporate Seal)

(Name of applicant)

By _____
(Executive office or authorized representative)

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
AFFECTED (WORCESTER TOWNSHIP).

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Workers' Compensation Insurance Coverage Information

A. THE APPLICANT IS

A contractor within the meaning to he Pennsylvania Workers' Compensation Law

_____ YES _____ NO

If the answer is "Yes," complete Sections B and C below as appropriate.

B. INSURANCE INFORMATION

Name of Applicant: _____

Federal or State Employer Identification Number: _____

PROOF OF INSURANCE MUST BE PROVIDED IN THE FORM OF A CERTIFICE OF INSURANCE

Applicant is a qualified self-insurer for workers' compensation.

_____ Certificate attached

Name of workers' compensation Insurer: _____

Workers' Compensation Insurer: _____

_____ Certificate attached

Policy Expiration Date: _____

C. EXEMPTION

Complete Section C if the applicant is a contractor claiming exemption from providing Workers' Compensation Insurance.

THE UNDERSIGNED SWEARS OR AFFIRMS THAT HE/SHE IS NOT REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURNACE UNDER THE PROVISIONS OF PENNSYLVANIA WORKERS' COMPENSATION LAW FOR ONE OF THE FOLLOWING REASONS, AS INDICATED:

____ Contractor with no employees. CONTRATOR PROHIBITTED BY LAW FROM EMPLOYING ANY INDIVIDUAL TO PERFORM WORK PURSUANT TO THIS BUILDING PERMIT UNLESS CONTRACTOR PROVIDES PROOF OF INSURANCE TO THE TOWNSHIP.

____ Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me this

Signature of Applicant: _____

____ day of 20 ____

Address: _____

(Signature of Notary Public)

County of _____

My Commission expires: _____

Municipality of _____