



TOWNSHIP OF UPPER PROVIDENCE

1286 Black Rock Road, Phoenixville, PA 19460

610-933-9179 (phone) 484-391-2380 (fax)

www.uprov-montco.org

**THIS PERMIT IS VALID FOR 90 DAYS
FROM THE DATE OF ISSUE UNTIL
_____(DATE)
(determined by township personnel)**

Application for Township Road Occupancy Permit

General Instructions

Any work performed within the right-of-way of a township road requires submission of this form along with a 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 available on request. Fees shall be paid by check or money order, and shall be made to **Upper Providence Township**.

Address of work to be performed			Application Date	/ /
Name of Applicant			Name of Contractor	
Address			Address	
Phone			Phone	
Description of work				

Under and subject to all the conditions, restrictions, and regulations prescribed by the Township on the reverse hereof 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.

be applicable to this Application

General	Approximate Date work to be started	/ /	Approximate Date work to be completed	/ /
	Distance from center line of roadway to gutter or ditch	ft.		
	Distance from center line of roadway to Right-of-Way line	ft.	The road surface is improved to a width of	ft.

Poles and Towers	Number of poles to be erected		Nearest distance from center of road to structure	ft.
	Distance of proposed work along road	ft.		

Pipe Lines and Conduits	The improved surface of the road will be opened:			
	Approximate area of openings in improved surface	sq. yds.	Length of trench along the road	ft.
			Depth of trench below surface	inches

Name of Applicant _____

Signature _____

TO BE COMPLETED BY TOWNSHIP

Schedule Item #					TOTAL FEES
Unit Fee					
# of Units					
Total					

Permit Information

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Approved By and Date