Road Occupancy / Excavation Permit

| Applicant (Print): | Baselina and Carlos an | | |
|---|--|---------------------------|-----------------------|
| Applicant Mailing Address: | | | The second control of |
| City: | State: | Zip Code: | nyê areê anifebê |
| Applicants Phone Number: | 1 | | |
| Name of Contractor: | | | |
| Contractor Phone Number: | | | |
| Reason For Excavation: | | | |
| Approximate Size and Depth: | | | |
| Exact Location of Road Excavation | on: | | |
| Start Date: | Complet | ion Date: | |
| Applicant must maintain & Snyd completion. | er Township Reserves t | he right to inspection up | to 1 Year after |
| Snyder Township, its officials, end by issuance of this permit. | mployees, or agents do | not assume any respon | sibility or liability |
| Applicant and contractor must n | neet all state and local r | equirements and have a | a valid one call |
| 1-800-242-1776. | | | |
| | p. 15002 to | | |
| Total Permit Fee: | | | \$50.00 |
| Applicant: | | Date: | |
| Snyder Township Official: | | Date: | |

Phone: 814-265-1819 FAX: 814-265-1819 Email: snydertwp@windstream.net

| | Ditch | |
|----------------------------|--------------------------------------|---|
| ji | | Min 6" off side of ditching |
| Existing Road Surface | Replace Existing Road Surface | |
| | 4" of Compacted Sub Base | 6" of Compacted Subbase on Dirt Roads. |
| | DOT Approved Rock Fill Compacted | Approximate Secured Disport Exact in cution of soud Expension: |
| | end of high odd connects grant was a | Application I marriage & Street |
| Her soon titles a sweet of | Surveyingers was the power for the | August Township. Its officials, enforced by saland or the perfect of the perfect |
| 00.023 | Min: 2" of Bedding Pipe or Line | Top of Bedding Pipe or Line Bottom of Ditch |