

**CAERNARVON TOWNSHIP  
APPLICATION FOR HIGHWAY OCCUPANCY PERMIT  
FOR DRIVEWAY, ACCESS DRIVE ENTRANCE(S) AND UTILITIES**

APPLICANT - OWNER		DATE WORK IS SCHEDULED TO BEGIN
ADDRESS		APPROXIMATE DATE WHEN WORK WILL BE COMPLETED
POST OFFICE	ZIP CODE	PA ONE CALL SERIAL NUMBER (IF AVAILABLE)
PHONE		CLASSIFICATION (BY TOWNSHIP)

**A DRAWING SHOWING ALL PROPOSED & EXISTING UTILITIES AND/OR THE DRIVEWAY THAT MAY AFFECT THIS APPLICATION PER ORDINANCE 168, 225 AND 299 MUST BE SUBMITTED PRIOR TO ISSUANCE OF THE HOP**

If driveway : Anticipated average daily traffic \_\_\_\_\_ ADT CARS \_\_\_\_\_ ADT TRUCKS  
 \_\_\_\_\_ ADT BUSES \_\_\_\_\_ TOTAL ADT

ROADWAY NAME/ ROUTE NUMBER	DESCRIPTION OF PROPOSED WORK (LENGTH, WIDTH, MATERIALS, GRADES, ETC.)	REMARKS (Township Use Only)

**NAME OF PERMITTEE'S CONTRACTOR(S) MUST BE FURNISHED TO THE TOWNSHIP PRIOR TO START OF WORK**

Name of Contractor(s): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PERMIT FEES**

**PERMIT AMOUNT:** \_\_\_\_\_  
**ESCROW AMOUNT:** \_\_\_\_\_  
**FEE PAID:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**(BY TWP) BALANCE:** \_\_\_\_\_

The Applicant is (an individual) (a partnership) (a corporation incorporated under the laws of \_\_\_\_\_ )

Signed on \_\_\_\_\_ (DATE) \_\_\_\_\_ (NAME OF APPLICANT)

Witness or Attest \_\_\_\_\_ (TITLE) By \_\_\_\_\_ (TITLE)

Approved by \_\_\_\_\_ (TOWNSHIP OFFICIAL) \_\_\_\_\_ (DATE)

- A copy of this permit shall be kept on Site at all times. Immediately upon completion of work, permittee shall notify Township
- The Permit and Work are subject to the requirements of Ordinances 168, 225 and 299 as may be updated periodically
- Permit subject to any and all conditions of approval as stipulated by the Township and attached hereto