

HORSHAM TOWNSHIP

Department of Code Enforcement

1025 Horsham Road • Horsham, PA 19044 • P: (215) 643-3131 • F: (215) 643-0448

**ROAD OPENING PERMIT APPLICATION**

Date: _____	Permit #: _____	Fee: \$ _____
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Proposed Activity:

<input type="checkbox"/> Road Opening	<input type="checkbox"/> Curb/Sidewalk Repair *	<input type="checkbox"/> Access Drive Opening
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* You MUST contact the Highway Department during business hours 24-hrs **PRIOR** to pouring concrete to schedule an inspection for the prepared area. Highway Department phone number: (215) 672-6913

Applicant Name:	_____
Applicant Address:	_____ _____
Responsible Party Name:	_____
Phone Number:	_____
24-Hr Emergency Phone #:	_____
Owner Name:	_____
Work Location:	_____
Scope of Work:	_____
Start Date:	_____
Completion Date:	_____

INTERNAL USE ONLY:

Permit Authorized By:	_____	Date:	_____
Code Enf. Notified:	_____	Date Permit Mailed:	_____
Date Final Inspection:	_____	Inspected by:	_____

CONDITIONS OF ROAD OPENING PERMIT APPLICATION APPROVAL

- Reconstruction of roadway to be in accordance with Horsham Township specifications (copy attached).
- Horsham Township Highway Department to receive 24-hour notice to schedule inspections of all work.
- Openings are authorized in accordance with Horsham Township Ordinance #66.
- Applicant/Responsible party are responsible to notify the Pennsylvania One Call System at (800) 242-1776 and to ensure all utility lines located in the work area are identified prior to commencing work.
- Certificate of insurance required.
- Applicant responsible for defects in road restoration for a period of two (2) calendar years from date of Township acceptance of final restoration.

I, _____, (applicant/responsible party) have read the above conditions of Road Opening Permit Application Approval and agree to all terms and conditions. I also agree to any requirements/changes as indicated by the Horsham Township Highway Superintendent prior to commencement of work and upon inspection.

Date Signed: _____