



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870
TELEPHONE : (814) 692-9800 · FAX : (814) 692-7585
www.halfmoontwp.us

PAVE-CUT AND ROAD OCCUPANCY PERMIT APPLICATION

DATE: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OWNER NAME (if different from applicants): _____

OWNER ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

NAME OF CONTRACTOR: _____

PROPERTY LOCATION: _____

TAX PARCEL #: 17- _____

DESCRIPTION OF WORK: _____

SIZE OF CUT AREA OF WORK: _____

WILL ROAD BE CLOSED? YES: _____ NO: _____ IF SO, HOW LONG? _____

(If road is to be closed, emergency service organizations and public transportation must be notified.)

WILL THE PAVED ROADWAY BE EXCAVATED? _____

ESTIMATED START DATE: _____ ESTIMATED END DATE: _____

COST ESTIMATE: _____

PLEASE NOTE:

Permit will not be issued unless, plan or sketch of proposed work is submitted with application showing roadway, tree lawn, sidewalk, existing facilities, and proposed excavation with dimension using the centerline of the road for baseline. **AND** Contractor's and/or Subcontractor's Certificate of Insurance must be on file at Township offices.

FOR TOWNSHIP USE ONLY:

Right-of-way width: _____ ft. Is work within R-O-W: Y/N Will work impact future projects? Y/N

Inspections made: _____ Insurance Check: _____ Limits Check: _____

Is wearing course > 5 years old? Y/N Signature of Township Official: _____