

**BIRMINGHAM TOWNSHIP  
1040 W. STREET ROAD  
WEST CHESTER, PA 19382  
(610) 793-2600**

**APPLICATION FOR TOWNSHIP ROAD OCCUPANCY**

Date:

Name of Applicant:

Address:

Post Office:

Zip Code:

Telephone No.:

E-mail Address:

Date work is scheduled to begin: \_\_\_\_\_

Approximate date when work will be completed: \_\_\_\_\_

If utility: Opening over 36 ft<sup>2</sup> along and/or across township road

FT. in pavement: \_\_\_\_\_ FT. in shoulder: \_\_\_\_\_ FT. outside shoulder \_\_\_\_\_

If utility: ☐ Installation ☐ Emergency Repair – E.P.C. No. \_\_\_\_\_ Entry No. \_\_\_\_\_

☐ Repair ☐ Replace ☐ Service Connection or Disconnection ☐ Removal

If driveway: Anticipated average daily traffic:

ADT cars \_\_\_\_\_ ADT trucks \_\_\_\_\_ ADT buses \_\_\_\_\_ TOTAL ADT \_\_\_\_\_

LOCATION OF WORK	
Road Name	DESCRIPTION OF PROPOSED WORK
Address or Distance to Nearest Intersection	
Comments / Special Conditions	

Print Name of Applicant's Consultant \_\_\_\_\_ Phone \_\_\_\_\_

Print Contact Person's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Print Applicants Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ (date)

Witness or Attest: \_\_\_\_\_

Application Fee (see attached PennDOT Schedule of Fees for Highway Occupancy Permits):  
\$ \_\_\_\_\_

Plans are Satisfactory?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Returned on _____)	<b>For Township Use Only</b>
Inspection	<input type="checkbox"/> is	<input type="checkbox"/> is not planned	
Drainage Problem	<input type="checkbox"/> is	<input type="checkbox"/> is not anticipated	
Review Completed By _____ (sign) (date)			