Lower Providence Township
100 Parklane Drive ● Eagleville, PA. 19403
Phone: (610) 539-8020 ● Fax: (610) 539-6347
www.lowerprovidence.org

ROAD OPENING PERMIT APPLICATION

LOCATION OF PROPOSED WORK

Street Address/Location	Closest Cross Street	City and State	Zip

Property Owner/Company Responsible_____
Address:_____
Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Tenant:_____
Address:_____
Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Contractor:_____
Address:_____
Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

DESCRIPTION OF PROPOSED WORK

APPROX. DATE WHEN WORK WILL START _____

APPROX. DATE OF COMPLETION _____
Note: Permits are valid for one year from date of issue.

DATA APPLICABLE TO THIS APPLICATION

Will the improved surface of the road be opened? Yes/No
If yes, why is it not possible to bore under the road? _____
Approx. area of opening in the improved road surface _____sq. yds.
Length of trench along road _____feet.
Depth of trench below surface _____inches.
Distance from centerline of roadway to edge of paving _____feet.

NO CONSTRUCTION TO TAKE PLACE BEFORE FEES PAID AND INSPECTION

SPECIFICATIONS TO FOLLOW

CODE OF THE TOWNSHIP OF LOWER PROVIDENCE, Chapter 120 (Twp. Ord. 416) describes required construction methods and materials. Access this information from www.lowerprovidence.org and from the Code Enforcement Dept. select "Township Ordinances".

For all other items related to working in the right of way (for instance traffic control) follow the requirements of the COMMONWEALTH OF PENNSYLVANIA DEPT. OF TRANSPORTATION SPECIFICATIONS, Publication 408/2007 as amended. Access this information from www.dot.state.us

ALL MATERIALS USED TO BE PENNDOT APPROVED

GENERAL INSTRUCTIONS FOR APPLICATION

3 COPIES OF A SITE PLAN ARE REQUIRED
Show all dimensions/extent of trenching, or work to be done.
Include 3 copies of all specifications of materials and methods used.
Indicate if traffic control measures are required and what they will be.
Any work that enters a State Highway will require a State Permit; include 3 copies of the State Permit.
A copy of contactors liability and workers compensation insurance certificates.
PERMIT FEES are charged per Twp. Fee Schedule (see web site) when the permit is approved.

CALL BEFORE YOU DIG!

www.paonecall.org
Or dial **811** to access your local one-call center.

Pennsylvania law requires that you call before excavation.
Please provide 10 to 90 days notice in the design stage.
Please provide 3 to 10 days notice before you dig.
PA ONE CALL SERIAL NUMBER (ATTACH COPY OF FORM) _____

IF THE AREA OF PROPOSED WORK INCLUDES PRIVATE PROPERTY, THE OWNER(S) ARE ALSO REQUIRED TO SIGN THIS APPLICATION.

PLEASE NOTE: The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all construction work authorized by the issuance of this permit. A site plan with the appropriate construction documents must accompany this application.

By signing this application, authorization is granted to any municipal representative of Lower Providence Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Lower Providence Township ordinances. The application together with the signed site plan and construction documents is made part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement or repair of any township road to township standards which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief. I further agree that I have read and understand the requirements of Twp. Code Ch.120 and PENDOT 408 as amended.

Date: _____ Signature of Applicant(s)_____

Date: _____ Signature of Property Owner(s)_____(Required)

PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION FORM

PLEASE READ DIRECTIONS CAREFULLY, Before filling out this form,

DIRECTIONS: Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law. If you are claiming an exemption, this form must be signed in front of a notary public. A Road Opening permit will not be issued by Lower Providence Township until this form is completed properly. **NOTE: If an exemption is claimed, this form will only be maintained in the Lower Providence Township records until December 31st of the year issued. It is the responsibility of the contractor to renew this form yearly. If the contractor wishes to provide a certificate of Workman's Compensation insurance, the contractor must notify their insurance company that Lower Providence Township is to be named as the policy certificate holder on the certificate.**

ATTENTION: All Contractors must be Registered in Lower Providence Township.

Please provide your Township Contractor Registration number. _____

The contractor for this Road Opening permit, in compliance with ACT 44 of 1993, hereby submits (please check one):

- ❑ Certificate of Insurance (please attach)
- ❑ Certificate of Self-Insurance (please attach)
- ❑ Affidavit of Exemption (must be signed in front of a notary public)

  - Name of Contractor _____
  - Title of Company _____
  - Address _____
  - City _____ State _____ Zip Code _____Phone#_____
  - Contractor or policyholder's federal or state employer identification (EIN) number_____

If a Certificate of Insurance or Self-Insurance has been submitted, please complete the following:

- Name of Insurer or Self-Insurer _____
- Address _____
- City _____ State_____ Zip Code _____Phone# _____
- Policy No. _____ Coverage Period Ends_____

IF AN EXEMPTION IS BEING CLAIMED, PLEASE COMPLETE THIS SECTION AND SIGN IN THE PRESENCE OF A NOTARY PUBLIC:
Basis for exemption is (please check one):

- ❑ The Contractor for this building permit is a sole proprietorship without employees
- ❑ The Contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain: _____
- ❑ All of the contractor's employees on the project are exemption religious grounds under Section 304.2 of the Workers' Compensation Act. Please explain: _____
  _____
- ❑ Other. Please explain: _____
  _____

Please be aware of the following requirements under the Pennsylvania Workers' Compensation Act:

⇒ This policy provides coverage for the requirements of the Workers' Compensation Act, the Occupational Disease Act, and, where applicable, the federal Longshore and Harbor Workers' Compensation Act.

⇒ The insurer has been notified that the municipality issuing the building permit is to be named a policy certificate holder.

⇒ Any subcontractors used on this project will be required to carry their own workers' compensation coverage.

⇒ The contractor/policyholder will notify the municipality of any change in status, cancellation or expiration of workers' compensation coverage.

⇒ Violation of the Workers' Compensation Act or the terms of this information form will subject the contractor to a stop-work order and other fines and penalties as provided by law.

My signature on behalf of or as the contractor as stated on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Providence Township Municipal representatives or authorities.

Signature_____Date_____
Name (Please Print)_____
Title_____
Name of Company _____

Subscribed and sworn to before me this

_____day of_____ seal

_____
(Signature of Notary Public)

My Commission expires: _____

Basic checklist for concrete aprons, curbs and/or sidewalks. Follow specifications in Twp. Code Ch. 120 & PENDOT 408

- Permit issued after fee is paid.
- All work to conform to Twp. Code Ch. 120 and PENDOT 408 standards.
- Material dug out to correct depth—use straight edge or string line to check
- PENDOT 408 specification 7x8x18 inch curb forms with an 8 inch reveal to be used and pinned correctly. No straight forms to be used.
- Expansion joint material shall be ½ inch wide premolded expansion joint material.
- ½ inch expansion joint material must be available for when concrete arrives, all edges to be straight saw cut the full depth of pavement where joint materials are to be placed.
- Minimum 4 inches of PADOT 2A Modified stone compacted in place under where concrete is to be poured (apron, curbs or sidewalk).
- #5 rebar must be available and used where depressed curb will be placed.
- Depressed curb to have 2 #5 rebar placed in the curb, 5 inches from the bottom and each bar being placed 1 ½ inches in from the outside edges (5 inch spacing between the rebar), minimum 11 ½ inches thickness (depth of depressed curbing)
- Expansion joint material to be placed between curb and driveway apron
- 6 x 6 inch welded wire mesh to be placed throughout driveway apron, wire mesh to be minimum10 gauge material placed on chairs in the middle of material depth.
- Concrete in driveway apron to be a minimum of 6 inches thick, must use 4000 psi air entrained concrete, this includes the sidewalk area, which is part of the driveway.
- Concrete sidewalks to be minimum 4 inches thick, must use 4,000 psi air entrained concrete.
- All joints between concrete apron and bituminous pavement shall be sealed with a PENDOT approved crack sealer.
- Concrete curbing joints to be clean cut 2 inches in depth and every 10 linear feet, with an expansion joint every 60 linear feet or less, at structures and at the end of every work, day.
- Sidewalk joints to be clean cut 1 inch in depth, every 5 feet with an expansion joint every 30 feet or less, at structures and at the end of each work day.
- Concrete to have a float finish, except where slope is 10% or greater where it shall have a broom finish.
- Only honeycomb areas may be patched using 1 part concrete and 2 parts sand, or its equal.
- NO MONOLYTHIC POURS PERMITTED.

- Use PENDOT material and application specifications for blacktop. 5 inch base coat, 2 inch binder course and 11/2 inch wearing course. See also Twp. Code Sec. 120-24.

CALL 610-539-2642 TO SCHEDULE AN INSPECTION
24Hr. NOTICE IS REQUIRED FOR ALL INSPECTIONS

NO CONCRETE IS TO BE POURED BEFORE INSPECTION

7-17-2009