

## Township Road Cut Permit Application

(Township shall approve or deny application within 20 days of date of submittal)

Date of Application: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Roadway Cut Information:

Address where road cut work will be completed: \_\_\_\_\_

Property owner: \_\_\_\_\_

Description and purpose of work (in detail): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Finish Date: \_\_\_\_\_

**PLEASE NOTE:** A sketch plan shall be submitted with this application. The sketch plan must contain the following information: The exact location of the proposed opening or excavation and the approximate size and depth thereof and include pertinent details and specifications of the excavation. The sketch must show the Township road right-of-way and location of excavation within the right-of-way.

### APPLICATION FOR PERMIT:

I hereby certify that the work shall be done in full compliance in accordance with Ordinance No. 1 of 2012, commonly referred to as the Road Cut Ordinance. I hereby certify that I will indemnify and hold harmless Salem Township and its officers from all liability for accidents and damaged caused by any of the work covered by this permit, and that I will fill up and place in good and safe conditions all excavations and openings made in the road/street, and will restore the pavement over any opening I make to the start and condition in which I found it, and shall keep and maintain the same in such condition, normal wear and tear excepted, to the satisfaction of the Township's representative for a permit of two (2) years, and that I will pay any and all fines imposed on me for any violation of any rule or regulation adopted by the Township governing street/road openings, and that I will repair any damages done to existing improvements during the course of my work in accordance with the regulations of the Township. I also understand that the Township may require me to repave the entire section of street/road in which I worked. I further certify that I will pay such actual costs and expenses as may accrue to the Township should the Township elect to repair and/or maintain the street/road opening for a period of two years. I further certify that I will notify PA ONE CALL AT 811 PRIOR TO THE START OF THE ROAD CUT. I understand that I must grant the right of entry to the work described above, to the designated personnel of the Township for the purpose of inspecting, monitoring and maintaining compliance with the aforesaid. I have attached the permit fee of \$50.00.

Applicant or authorized agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY SALEM TOWNSHIP

Approved Start Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Township Roadmaster: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Zoning/Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\$\_\_\_\_\_