 **UTILITIES & ROAD OCCUPANCY PERMIT APPLICATION**

PO BOX 11, 11 High Mountain Road

Walnut Bottom, PA 17266

(717) 530-7626

[sntwp@kuhncom.net](mailto:sntwp@kuhncom.net)

[www.southnewtontownship.net](http://www.southnewtontownship.net)

*Instructions: Please complete all portions of this application that apply and attach any additional information to explain your request. Return the application along with the required fee of $100.00 (check or money order made payable to SOUTH NEWTON TOWNSHIP). Your application may be mailed to the address above or dropped off at the township office (if the office is closed, you may place your packet in the drop box located outside the office building). Any questions may be directed to the township by calling:*

*717-530-7626 or 717-360-4780 (township secretary).*

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Name of Applicant:

Address:

Phone #:

Property subject to this request:

**UTILITIES – WHEN PIPELINE OR CONDUIT CROSSES ROAD**

The improved surface of the road WILL or WILL NOT be opened (circle one)

Approximate area of improved opening(s): sq. ft.

Approximate area of unimproved opening(s): sq. ft.

Length of trench along roadway: feet

Depth of trench below surface: feet/inches

Number of poles to be erected:

Nearest distance from center of road to structure: feet

Distance of proposed work along roadway: feet

*The Applicant is an INDIVIDUAL, PARTNERSHIP or a CORPORATION INCORPORATED under the laws of the Commonwealth of Pennsylvania (circle one).*

Applicant:

*Please Print Name Signature*

Date:

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**APPLICATION FOR MINIMUM USE DRIVEWAY SOUTH NEWTON TOWNSHIP**

**CUMBERLAND COUNTY, PENNSYLVANIA**

*A minimum use driveway is a residential driveway which is expected to have average daily traffic of not more than 25 vehicles (Alterations are defined as changes to the dimensions. No permit is required for driveway surface maintenance.)*

1. Applicant Information Name/Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Application Is Made To €Construct A New Driveway €Alter An Existing Driveway
2. Property Address (if different from above):
3. Location of Proposed Driveway Road Name & Number:
4. Name of Nearest Intersection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Distance To Nearest Intersection In Feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date Work Scheduled to Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Work to be Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUIREMENTS FOR DRIVEWAY PERMIT ISSUANCE:

* All applications MUST include a Site Plan (from a registered professional surveyor) with an aerial view and profile view (cut-away from side) of proposed location and construction.
* Speed Limit of Township Road must be included on the Site Plan
* All driveways shall be constructed to allow for, or maintain, a drainage swale parallel to the roadway but outside the shoulder of the road.
* Driveway surface shall be graded to direct its runoff water into the swale before it enters the improved roadway. Driveway surface treatments may connect directly to the paved cartway provided they do not rise above the plan of the cartway in any way that would interfere with snow or maintenance operations.
* Subsurface piping will be allowed in any instance where its placement provides for drainage of both public and private cartway surfaces.
* Plans and site will be reviewed for compliance and approved by signature.
* Completed construction will be reviewed for compliance and approved by signature upon satisfactory completion.

Applicant:

*Please Print Name Signature*

Date:



Please fill in the sketch above & return with the application(s)

FOR DEPT USE ONLY APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DENIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_