

APPLICATION FOR ROAD OPENING / DRIVEWAY PERMIT

FILL IN ALL INFORMATION COMPLETELY

Location : _____

Between: _____ and _____
CROSS STREET CROSS STREET

Subdivision: _____ Lot #: _____ Lot Size: _____ Tax Parcel # - _____

Property Owner – Name & Address _____ _____ _____ Phone Number - _____	Engineer – Name & Address (If applicable) _____ _____ _____ Phone Number - _____	Applicant – Name & Address _____ _____ _____ Phone Number - _____
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Purpose – New Driveway Alter Existing Driveway Other - _____
 Use – Residential Commercial Other - _____

Sight distance to: Left of proposed opening _____ Right of proposed opening _____
 Width of proposed driveway at opening _____ Radius of turn at opening _____
 Width of roadway at opening _____ Width of right-of-way at opening _____

Number of poles to be erected _____
 Distance from centerline of road to closest pole _____ Distance, along road, of proposed work _____

Will the road surface be opened? Yes No
 Length of proposed opening _____ Width _____ Depth _____
 Length of trench along side of road surface _____ Width _____ Depth _____
 Type of material to be installed _____

Will the proposed work require the travel lanes to be closed? No Yes – For what period of time? _____

USE BACK OF APPLICATION TO PROVIDE ADDITIONAL INFORMATION

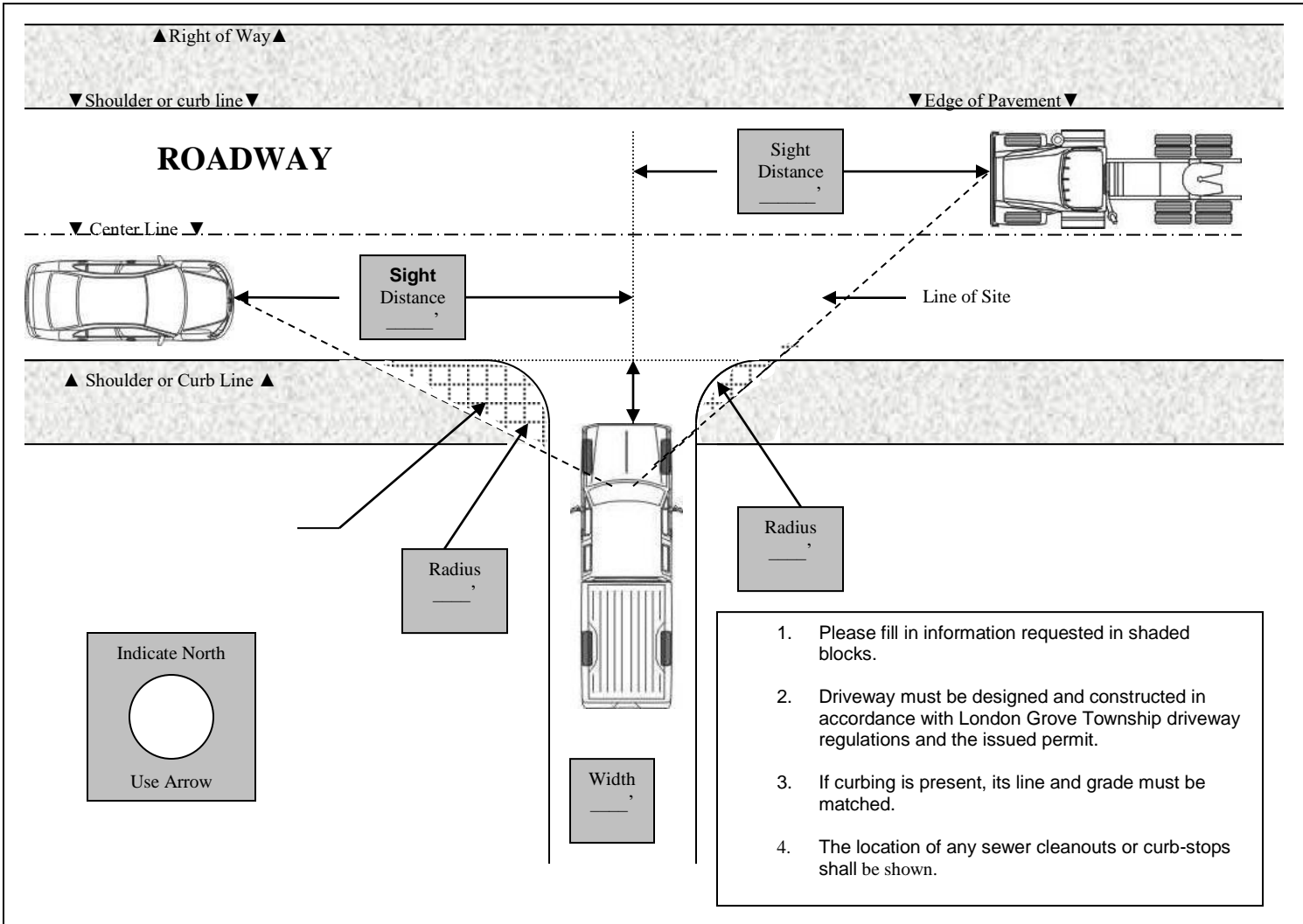
_____ DATE _____
APPLICANT'S SIGNATURE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.
 I understand that this permit will only be issued for the work listed and no other.
 I understand that additional information and/or Permits may be required prior to the issuance of this permit
 I understand that I shall give London Grove Township 24 hours notice prior to commencing work.

DO NOT WRITE BELOW THIS LINE

Permit No. - _____ Permit Fee \$ _____ Workers' Compensation Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Expiration date of Workers' Comp. Insurance ____-____-____ Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Expiration date of liability Insurance ____-____-____ Notes - _____	Received - _____ Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Engineer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Paid Date - _____ Paid By – <input type="checkbox"/> Check # - _____ <input type="checkbox"/> Cash Receipt By - _____
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London Grove Township: _____ Date: _____



COMPLETE DESCRIPTION OF PROPOSED WORK

Applicant's Signature _____

Date _____

ROAD OPENING PERMIT APPROVAL CONDITIONS

- Public Works Department shall be notified at least 24 hours before the start of work of the anticipated project schedule;
- Public Works department shall be notified prior to any backfilling and or paving phases of the project to allow scheduling of inspector;
- All work shall be in accordance with London Grove Township Ordinances and Resolution #555 "Road Specifications". Most specifically the Pavement Restoration Section which states:
 - A. *Pavement Restoration*
 1. *Prior to replacement of pavement at an excavation, 2' foot outside of each edge of the Excavation shall be sawed the full depth of pavement and 1' outside the edge of the pavement the stone base shall be removed in a neat straight line. The detached material shall be removed without damaging the adjacent pavement. See Appendix A for diagrams.*
 2. *Prior to placing an overlay, a milled paving notch with a minimum 10 feet transition, shall be provided at each end of the overlay.*
 3. *All saw cuts and notching shall be parallel to the street or at a right angle to the street.*
 4. *If the edge of a trench or associated saw cut falls within 18" of a construction joint, cold joint, or edge, the pavement within this area shall be removed and replaced.*
 5. *All edges, notches, and asphalt to asphalt surfaces shall be coated with PG 64-22 or approved equal asphalt emulsion.*
 6. *Pavement restoration shall be a minimum of 10" of compacted 2A subbase, 4" of 25 mm Superpave Base Course, and 2" of 9.5 mm Superpave Wearing course.*
 7. *Overlays shall consist of a minimum of 2" of 9.5 mm Superpave Wearing Course.*
 8. *When Longitudinal openings longer than 10' are made in the pavement, the entire lane width shall be milled to a depth of 2" and then shall be overlaid where the opening is made.*
 9. *When 3 or more transverse openings are made within 100 linear feet of pavement length, the entire roadway width within the limits of such transverse openings shall be milled to a depth of 2" and then overlaid.*
 10. *The final pavement joint between new and existing pavement shall be sealed with PG 64-22, or approved equal, to a width of 4 inches on both sides of the joint.*
 11. *Pavement cuts made between December 1 and April 15 may be restored with cold patch or similar temporary material. When using a temporary material during this time, final pavement restoration shall be completed on or before May 15. The Contractor/Developer performing the work shall be responsible for the maintenance of the temporary material.*
 12. *All pavement markings shall be restored to match those removed or disturbed. All pavement striping shall conform to the referenced standards.*

LONDON GROVE TOWNSHIP

372 Rose Hill Road
Suite 100
West Grove, PA 19390

610-345-0100

AUTHORIZATION

(When APPLICANT is not the owner of record, the following must be completed by the owner, and submitted with the permit application.)

I (We) _____
(Name)

(Address)

owners of the property located at: _____
(Site address)

do hereby authorize: _____
(Contractor's Name)

(Address, Telephone Number)

for the following work: _____

(Owner's signature)

(Print name)

(Owner's Telephone Number)

NOTICE

WORKERS' COMPENSATION INSURANCE COVERAGE & PENNSYLVANIA HOME IMPROVEMENT CONTRACTOR (PA HIC) INFORMATION

The attached form shall be completed by all applicants applying for a permit.

Unless exempt, a Workers' Compensation Insurance Certificate (which includes the effective date of the coverage and lists London Grove Township as Certificate Holder) shall be submitted.

Exempt Corporations and Partnerships shall submit proof of exemption.

PA HOME IMPROVEMENT CONTRACTOR INFORMATION

All applicants, with the exception of the property owner, shall submit their Pennsylvania Home Improvement number (PA HIC).

GENERAL LIABILITY INSURANCE COVERAGE INFORMATION

In addition to the above, all applicants, with the exception of the property owner, shall submit an Insurance Certification of General Liability in the amount of \$100,000 or the value of the Structure being worked on; whichever is greater for property damage and \$100,000/\$300,000 for bodily injury.

PROPERTY OWNERS' INFORMATION

The completion of the attached Workers' Compensation form is required by all applicants including property owners.

If the applicant is the owner of the property, insurance certification for general liability, workers' compensation, and Home Improvement Contractor number are not required to obtain a permit; however, should the property owner hire or contract with other parties or subcontractors, the homeowner could be held responsible for a loss, if those parties do not have the proper insurance.

The homeowner applicant should assure that anyone working on their property has in force the proper current liability and Workers' Compensation Insurance coverage, and are named as a certificate holder or additional insured. Homeowner applicants should also be aware that by acting as the applicant the homeowner assumes all responsibility for following Township Ordinances and all liability if those ordinances are not followed.

**LONDON GROVE TOWNSHIP SHALL BE LISTED AS A CERTIFICATE
HOLDER ON ALL INSURANCE FORMS SUBMITTED TO THE TOWNSHIP**

LONDON GROVE TOWNSHIP
372 Rose Hill Road, Suite 100, West Grove, PA 19390

WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION
MUST BE COMPLETED BY ALL APPLICANTS

Note: Under State Law, London Grove Township is responsible to stop all work on any site when non-exempt parties are working without Workers' Compensation Insurance and/or non-exempt parties have not completed and submitted the proper exemption form to the Township.

Site Address: _____

Name of **Applicant**: _____

A. Is the **Applicant** the property owner? No (go to B) YES (if yes check statement below)
 Applicant is the property owner, and understand that if he/she hires other parties or subcontractors, such parties or subcontractors shall submit acceptable insurance information or proof of exemption thereof to the property owner before commencing any work on the property. The property owner also should request the contractors Pennsylvania Home Improvement Contractor number (PA HIC).

B. Is the **Applicant** a contractor within the meaning of the Pennsylvania Workers' Compensation Law:
 No (go to C) YES (if yes provide the following)
Home Improvement Contractor (HIC) #: _____ Expires: _____
Federal or State Employer Identification #: _____
Check one of the following:
 Applicant is a qualified self-insurer for Workers' Compensation (certificate attached)
 Applicant is insured by: _____ (certificate attached)

Note: The Township does not keep certificates on file. London Grove Township must be listed as the "certificate holder".

C. Is the **Applicant** a contractor that is **exempt** from Workers' Compensation Law? YES (if yes provide the following):
Home Improvement Contractor (HIC) #: _____ Expires _____
 Applicant is a Contractor with no employees. The contractor is prohibited by law from employing any individual to perform work pursuant to this permit unless contractor provides proof of insurance to the Township.
 Applicant is a Contractor that is a member of a Corporation that has claimed exemption. A copy of exemption notification must be attached.
 Applicant is a registered partnership through State of PA – proof must be attached.
 Applicant is exempt under the religious exemption of the Worker Compensation Law.

Applicant Signature: _____

Name: _____

Address: _____

Telephone: _____