

FRANKLIN TOWNSHIP
STREET OPENING PERMIT APPLICATION

Applicant Name: _____

Applicant Address: _____

Applicant Telephone #: _____

Contractor Name: _____

Contractor Address: _____

Contractor Telephone # _____

Location of Proposed Street Opening: _____

Proposed Date for Completion: From: _____ To: _____

Dimensions of
Proposed Opening(s) In _____ (length) _____ (width) _____ (depth)
Street:

Dimensions of
Proposed Opening(s) in _____ (length) _____ (width) _____ (depth)
Shoulder:

Permit Fee Required: \$ _____ (See PennDOT Section 495.4. Permit Fees)

Escrow Fee Required: \$ _____ (Resolution 2015-05)

Description and Purpose of Work: _____

Applicant Signature

Date