

CASS TOWNSHIP

1209 Valley Road
Pottsville, PA 17901
Phone: 570.544.5370
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**FIGURE 2 - APPLICATION FOR
RIGHT OF WAY OPENING PERMIT**

1. APPLICANTS NAME: _____ TELEPHONE #: _____
 CONTACT PERSON: _____ TELEPHONE #: _____
 ADDRESS: _____
2. CONTRACTOR'S NAME: _____ TELEPHONE #: _____
 ADDRESS: _____
 INSURANCE CARRIER: _____ POLICY #: _____
3. PURPOSE OF EXCAVATION: _____
4. LOCATION OF EXCAVATION: _____
5. START DATE: _____ DAYS FOR COMPLETION: _____
6. DESCRIPTION OF EXCAVATION: LENGTH _____ WIDTH _____ DEPTH _____
7. METHOD OF RESTORATION: _____ BITUMINOUS _____ OTHER _____
8. SKETCH OF PROPOSED WORK: (Use area below or attach separate sheet)

(SHOW LOCATION OF ROAD CUT, EDGE OF PAVEMENT, EDGE OF RIGHT-OF-WAY, STREET NAME, HOME LOCATION, EXISTING UTILITIES, PROPOSED UTILITY)

I, _____ the applicant as listed above execute this application
 this _____ day of _____ 20____ and understand the requirements of Cass Township Ordinance
 Number _____ and road restoration requirements imposed by said ordinance.

SIGNATURE: _____ DATE: _____

CASS TOWNSHIP, INSPECTION and CALCULATION OF FEES			
PERMIT FEES		INSPECTIONS	
Permit Issuance	\$ 100.00	Road Cutting Method	
Inspection Fee (See Fee Schedule)		Backfill	Date
		Type	
Restoration Deposit (see note 1) (See Fee Schedule)		Compaction Method	
		Temporary Restoration	Date
TOTAL FEES DUE:		Final Restoration	Date
Fees Paid (Date):			

Note:

1. The one year retainer fee shall apply to all street excavations within Cass Township rights-of-way. The retainer fee will be returned to the applicant after the one year responsibility of the applicant to correct any settlement or defective work following final restoration. If after one year from final restoration the excavation is unsatisfactory due to settlement or defective work, the Township may chose to correct the excavation and deduct the cost from the retainer fee, or bill the applicant additionally, for restoration of the excavation.

PERMIT NUMBER: _____ ISSUE DATE: _____

Approved By: _____ Title: _____