

Road Occupancy / Excavation Permit

Applicant (Print): _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicants Phone Number: _____

Name of Contractor: _____

Contractor Phone Number: _____

Reason For Excavation: _____

Approximate Size and Depth: _____

Exact Location of Road Excavation: _____

Start Date: _____ Completion Date: _____

Applicant must maintain & Snyder Township Reserves the right to inspection up to 1 Year after completion.

Snyder Township, its officials, employees, or agents do not assume any responsibility or liability by issuance of this permit.

Applicant and contractor must meet all state and local requirements and have a valid one call 1-800-242-1776.

Total Permit Fee: \$50.00

Applicant: _____ Date: _____

Snyder Township Official: _____ Date: _____

Ditch

