

# **HATFIELD TOWNSHIP**

## **ROAD OPENING PERMIT PROCEDURES**

*Road opening and excavation in any Township highway, roadway, right-a-way, public easement, sidewalk, curb, footpath or bike path having an improved or unimproved surface.*

**PART I** – Location – Complete address including city, state and zip code must be provided on all applications.

**PARTS II thru VIII** – Complete every section.

**PART IX** – Sign and date application. Provide phone numbers where owner, resident and contractor may be reached. Contractors making application must provide a Certificate of Insurance verifying coverage for Worker's Compensation and their Federal or State Employer Identification Number (EIN).

**PART X** - Site Plan – Show all dimensions of entire site (length x width and square feet of trench). Identify all streets affected by construction. Place all buildings, signals and signage, within construction area and indicate whether existing or proposed. **The contractor is responsible for the accuracy of this site plan. All easements/deed restrictions must be indicated.**

### **PLANS AND SPECIFICATIONS**

**Two (2) copies of all plans and specifications must be submitted with all applications. Cross Section Drawings, giving structural details, must be included.**

**A** – Contractor must notify Hatfield Township five (5) days prior to starting construction.

**B** – In the event of an emergency *road opening*, formal application must be applied for within 48 hours from start of construction.

**C** – Work shall not begin on roadway before 9:00am and must be completed by 4:00pm daily.

**D** – All road cuts must be done with a saw or equivalent and must be clean before excavation.

**E** – All trenches must be filled with stone and temporary patched with cold patch until permanent restoration. All permanent road work must be completed within three (3) months and conform to Hatfield Township Ordinance 420, Chapter 21, Part 3.

**F** – All *road openings* may require additional escrow for vehicular traffic safety warning devices and signs at discretion of Hatfield Township.

## **ADDITIONAL INFORMATION**

**FEES** – Permit fees must be submitted with the permit application. If paying by check, please make check payable to “Hatfield Township”.

**REVIEW** – The application will be reviewed by the Code Enforcement and Zoning Departments for compliance with all Township codes and ordinances.

**PERMIT GRANTED** – **Work may not start until a permit has been approved and granted.** The permit cards are to be displayed so as to be visible from the street.

**INSPECTIONS** – Call the Township office (215-855-0900) at least 24 hours in advance to schedule each inspection. Responsibility for notification for inspections at the various stages of construction lies with the applicant and/or contractor. If the appropriate inspections are not requested, uninspected work will not be granted final approval.

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### **PERMIT FEES** –

Up to 100 linear feet	\$100.00
Each 100 linear feet in excess of 1000 ft	\$100.00

# **HATFIELD TOWNSHIP**

## **Road Opening Permit Application**

### **I - LOCATION**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Cross Roads Location: \_\_\_\_\_

### **II - OWNERSHIP**

☐ Private ☐ Public Other \_\_\_\_\_

### **III - IDENTIFICATION** – To be completed by all applicants

**APPLICANT** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OWNER** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CONTRACTOR** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State. License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**DESIGN PROFESSIONAL** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IV - TYPE OF CONSTRUCTION**

☐ Trench      ☐ Boring      ☐ Repair or Replacement

**V - PURPOSE**

☐ Utility    ☐ Water    ☐ Sanitary    ☐ Cable    ☐ Storm Drainage

**VI - DATE OF INSTALLATION**

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**VII - COST**

Cost of Construction improvements \$\_\_\_\_\_

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**VIII - FEE** (see fee schedule)

PERMIT FEE: \$\_\_\_\_\_

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**IX - SIGNATURE**

*Deposit of Check Representing the Fee for this Application does not Constitute Approval of or Granting of Same by Hatfield Township. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of Hatfield Township.*

**SIGNATURE OF APPLICANT**

**DATE**

**X - SITE PLAN** – Please attach site plan details. See attached.

**X – SITE PLAN** (Show work location with all street names.)

