

**ROAD OPENING PERMIT**  
**Washington Township, Cambria County**

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**Location of Work:**

Beginning Point: \_\_\_\_\_  
Ending Point: \_\_\_\_\_  
Number of Openings: \_\_\_\_\_  
Combined Length of Cuts: \_\_\_\_\_

**Description of Work:**

Describe project: \_\_\_\_\_  
\_\_\_\_\_  
List all materials to be installed(pipe, poles, valve boxes, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time for work:**

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

The foregoing information is correct and complete to the best of my knowledge, information and belief. I understand that unsworn falsifications to public authorities constitutes a criminal act and is punished as a misdemeanor under the provisions of §4108 of the Pennsylvania Crimes Code.

Permittee agrees to be bound by the terms of Washington Twp Ordinance No. 2-2006 and the standards set forth in 67 PA Code Chapter 459, a copy of which is available at the township office.

BY: \_\_\_\_\_ (signature)  
Name & Title (if applicable):

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**Issuance Information (To be completed by Roadmaster)**

Permit Issued: \_\_\_\_\_ Permit Expires: \_\_\_\_\_ (90 days)  
Permit Fee: \$ \_\_\_\_\_ (\$90.00 plus \$1.00 per each one ft., over 90 ft.)  
Has Applicant submitted a Safety Plan? \_\_\_\_\_

Approved on \_\_\_\_\_ By \_\_\_\_\_ (signature)

Washington Township must be notified at least 24 hours in advance of beginning work and within 24 hours of completing work. Applicant must use Penn DOT approved safety procedures for all work. Failure to comply with any permit condition shall be grounds for revocation of this permit.