

**Board Members.**  
**Chairman**  
 Thomas A. Casciola  
**Vice-Chairman**  
 Eric J. Sivavec  
**Board Members**  
 Elizabeth J. Cowden  
 Cindy Fisher  
 Frank A. Egizio



**Township Manager.**  
 Donald A. Gennuso

(724) 745- 2227  
 Fax (724) 745-2905

Web: www.ceciltownship-pa.gov

# Cecil Township

Washington County – Commonwealth of Pennsylvania  
 3599 Millers Run Road, Suite 101, Cecil, PA 15321

## APPLICATION FOR TOWNSHIP ROAD OCCUPANCY PERMIT

\_\_\_\_\_  
 (Route Number, Road or Street where work is being done)

DATE: \_\_\_\_\_

INVOICE: \_\_\_\_\_

Application is hereby made by: \_\_\_\_\_  
 (Name of Applicant)

Permit Fee: \$ \_\_\_\_\_

Inspection Fee: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ PA One Call #: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under and subject to all the conditions, restrictions, and regulations prescribed by the township and on the general provisions and specifications, a True Copy, hereof is attached and made part thereof; with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions, and regulations hereafter set forth.

**General:**  
 Approximate date work will start: \_\_\_\_\_ Approximate date work will be complete: \_\_\_\_\_

Road surface is improved to a width of \_\_\_\_\_ feet. Distance from centerline of road to right-of-way: \_\_\_\_\_ feet.

**Poles and Tower:**  
 Number of poles to be erected: \_\_\_\_\_ Nearest distance from center of road to structure: \_\_\_\_\_ feet. Distance of proposed work along road: \_\_\_\_\_ feet.

**Pipelines and Conduits:**  
 The improved surface of the road \_\_\_\_\_ be opened. Approximate area of opening in improved surface: \_\_\_\_\_ square feet.  
 Approximate area of openings on unimproved part: \_\_\_\_\_ square feet. Length of trench along road: \_\_\_\_\_ feet.

### TO BE COMPLETED BY TOWNSHIP

Schedule Item No.				
Unit Fee				
Number of Units				
Total Fee				

The applicant is \_\_\_\_\_ incorporated under the law of \_\_\_\_\_.

Name of Applicant: \_\_\_\_\_ (Corporate Seal)

Representative: \_\_\_\_\_ Email: \_\_\_\_\_