ROAD ENCROACHMENT PERMIT APPLICATION

DATE: _____

APPLICANT:_____
MAILING ADDRESS:_____
CITY:_____ STATE _____ ZIP _____
TELEPHONE:_____CELL PHONE:_____

LOCATION OF PRPERTY: Identify by direction and distance from nearest intersection and adjoining property owners if known:
_____
_____

LOCATION 911 ADDRESS _____
PROPERTY TAX MAP I.D._____
NAME OF PROPERTY OWNER:_____

Have you applied for a Sewage Permit?_____ if yes, when?_____
Have you applied for a Zoning Permit?_____ if yes, when?_____

I hereby apply for a Permit for access to Township Road _____
And agree to comply with all provision of Shohola Township Ordinance #38, a copy of which has been provided to me.

Signature of Applicant:_____ Date:_____

Encroachment should be constructed and inspected by the Township before other construction begins.

1. Attach engineered plans to reflect proposed project.
2. Attach applicable fee payable to **Shohola Township**.
3. Applicant is responsible for the cost of the Township Engineer's Review Fee.

Plan Approval	Approval After Inspection
_____	_____
Shohola Township	Shohola Township
Date:_____	Date:_____