

Road Encroachment Application

COMPANY INFORMATION

Name _____

Street _____ City _____

State _____ Zip Code _____

Phone _____ Email _____

INTENDED USAGE OF REQUESTED ROAD ENCROACHMENT

____ Residential ____ Utility ____ Temporary Entrance ____ Commercial

ROAD TO BE CROSS

Road Name & Location _____

DATE & LENGTH OF OPENING _____

CONTRACTORS NAME (If different from Company) _____

Street _____ City _____

State _____ Zip Code _____

Phone _____ Other _____

CONTACT INFO (Of person doing work on site)

Name _____

Phone _____ Other _____

By signing below, you are agreeing to pay the \$70.00 permit fee. All applications are to be submitted to Covington Township Office located at 114 East Hill Road, Covington PA 16917.

Signature of owner _____ Date _____

OFFICE USE ONLY

Road Master Approval ____ Yes ____ No (Notes:) _____

Permit No _____ Official Signature _____

Paid _____ Date _____