

**MANCHESTER TOWNSHIP**  
**Application for Township Road Occupancy Permit**

<b>MANCHESTER TOWNSHIP</b> 3200 Farmtrail Road York, PA 17406 Ph: <b>(717)764-4646</b> -- Fx: (717)767-1400
--

LOCATION  
OF PROJECT

Address _____
Intended Use _____
Tax Map _____ Parcel # _____ Subdivision – Land Dev Plan _____

PROJECT  
INFO

Description and Purpose of Project _____
_____
_____
_____

PROJECT  
DATA

Approximate Start Date: _____
Approximate End Date: _____
Width of Improved Cartway: _____
Distance from Centerline to Gutter or Ditch: _____
Distance from Centerline to Right-of-way Line: _____
Distance of Proposed Work Along Road: _____
The Improved Surface of the Road Will or Will Not Be Opened? _____
Approximate Area of Openings in Improved Surface: _____
Approximate Area of Openings in Unimproved Surface: _____
Length of Trench Along Road: _____ Depth of Trench: _____
Number of Poles Erected: _____
Nearest Distance from Center of Road to Structure: _____

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, The Construction and Materials Manual and any additional approved building code requirements adopted by the Municipality. **The road will be restored from curb to curb the entire length of the roadway.** The applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

**SIGNATURE  
& Date**

Applicant's Printed Name _____
Applicant's Address _____ Phone # _____
<b>Applicant Signature</b> _____ <b>Date</b> _____
E-Mail: _____

PERMIT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# MANCHESTER TOWNSHIP

FOR OFFICIAL USE BELOW THIS LINE

Schedule Item No.						
Unit Fee						
Number of Units						
Total Fee						

**Superintendent Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_