Township Use Only:	
Date of Application:	Date Fee Received:
Permit Number:	Issuance Date:
Date Site Reviewed:	Township Official:
<ul> <li>Permit is good for 6 months from issue date.</li> <li>Permit is issued subject to the conditions in the township ordinance pertaining to the subject matter and the terms of the application for this permit.</li> <li>STREET EXCAVATION RESOLUTION #2022-7 IS ATTACHED.</li> <li>UNION COUNTY CONSERVATION DISTRICT QUESTIONNAIRE ATTACHED.</li> </ul>	
APPLICANT INFORMATION:	
Name of Applicant:	Phone:
Address of Applicant:	Inspection Fee - \$50.00 per hour.
Email of Applicant:	·
SITE INFORMATION:	Lewisburg FA 17657
LOCATION OF STREET EXCAVATION:	
TYPE OF SURFACE: (Macadam, Stone, etc.)	
LENGTH & WIDTH OF CUT:	
DATE OF OPENING:	TO BE CLOSED:
STREET TO BE CLOSED OR FLAGGED:	
REASON FOR CUT:	
PERMIT HOLDER WILL RESTORE SURFACE IN AG	CCORDANCE WITH TOWNSHIP ORDINANCE
COMPANY OR CONTRACTOR OTHER THAN PERMIT HOLDER:	
A	ADDRESS:

**SIGNATURE OF APPLICANT**