

# ADAMS TOWNSHIP

## ROAD OCCUPANCY PERMIT

### APPLICATION

ALL WORK WILL BE COMPLETED ON OR BEFORE: \_\_\_\_\_

DATE of APPLICATION: \_\_\_\_\_ TOWNSHIP ROUTE #: \_\_\_\_\_

ROAD OR STREET WHERE WORK IS TO BE DONE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Under and subject to all the conditions, restrictions and regulations prescribed by the Township on the reverse hereof and on the general provisions and specifications, a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions, and regulations hereinafter set forth.

**DESCRIPTION AND PURPOSE OF WORK:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Township Board of Supervisors, may at any time revoke this permit for non-performance of, or non-compliance with any of the conditions restriction, and regulations hereof.

- SEE ATTACHED INFORMATION SHEET** A. ROAD OPENING UTILITY CUTS  
B. CLOSING ROAD TO TRAFFIC

**APPLICANT SIGNATURE** \_\_\_\_\_