

EAST HANOVER TOWNSHIP, DAUPHIN COUNTY

8848 Jonestown Road, Grantville, PA 17028 Phone: (717) 469-0833 Fax: (717) 469-1442 www.easthanovertwpdcpa.org

APPLICATION FOR STREET CUT PERMIT

Property Address/Location	:	
Property Owner's Name: _		
Property Owner's Phone Number: Property Owner's Email Address:		
Contractor's Name:		
Contractor's Phone Numbe	r:	Contractor's Email Address:
Estimated date for work to begin:		Estimated date for work to end:
Description of Work (Sketcl	n must be attached t	to this application):
	Addi	itional Requirements:
Township MS4 regulatio	ns.	OT 408, East Hanover Township Ordinance No. 2022-1, and for inspection upon completion of work at (717) 943-8822.
Signature of Applicant:*		Date:
all applicable regulations	and requirements.	knowledges understanding of, and responsibility to comply with,
		WNSHIP USE ONLY:
Date submitted:	Application F	Fee: Tax Parcel No.:
Are additional administratio	on and/or inspection	n fees required: Y / N If so, how much:
Is financial security required: Y / N		
Is a certificate of insurance	required: Y / N If s	so, date received:
APPROVED / DENIED Publ	ic Works Signature: _	Date:
Final inspection date:	PASS	/ FAIL Inspection notes:
Comments:		