

SMITH TOWNSHIP
1848 SMITH TOWNSHIP STATE ROAD
P.O. BOX 94, SLOVAN, PA 15078
Ph. 724-947-9456 Fax 724-947-2715

Road Bond Application to Haul Over Posted Roads or Bridges

Name of Road: _____

Nearest Intersection: _____

Name of Individual or Company Requesting Bond: _____

Address: _____

Phone: _____ Contact Name: _____

Date(s) of Proposed Hauling: *From:* _____ *To:* _____

Equipment Type to be used: _____ Weight: _____

Amount of Bond: _____ **(\$25,000.00 per mile)** Method of Posting: Bond Cashier's Check Certified Check

Reason for Request:

Name and Contact Information of Driver(s):

License Plate Number(s) of Any Vehicles:

I hereby agree to abide by the Rules and Regulations of the Township of Smith and all other applicable Ordinances and Regulations

of the Municipality and the Laws of the State of Pennsylvania. I also understand that the traveled roads pertinent to this application/permit will be inspected at the discretion of the Roadmaster and upon completion of the referenced job. Inspection fees will be billed to the applicant accordingly at a rate of \$25/inspection. Bonds will not be released until all of the bills have been paid in full. I hereby state the above information is true and correct to the best of my knowledge.

Applicant Signature & Date

Zoning Officer Signature & Date

Township Use Only

Request Granted: Yes No Date: _____ If denied, Reason: _____

Method of Posting:

! Bond Company Name: _____

! Cashier's Check Check No: _____

! Certified Check Check No: _____

Amount: \$ _____

Permit Granted: Yes No Type of Permit: _____ Permit No: _____ Expiration: _____

Inspections

Road Inspected before Hauling: Yes No Date: _____

Road Inspected during Hauling: Yes No Date: _____ Invoice No.: _____ Paid: Yes No

Road Inspected after Hauling: Yes No Date: _____ Invoice No.: _____ Paid: Yes No

Bond Requested to be Released: Name of Requestor: _____ Date: _____

Bond Released: Yes No Date of Release: _____

Signature of Road master: _____ **Date:** _____