

RICHMOND TOWNSHIP

30348 State Hwy 408
Townville, PA 16360

ROAD BOND APPLICATION TO HAUL OVER POSTED ROADS OR BRIDGES

Name of road(s): _____

Nearest Intersection: _____

Name of Individual/Company Requesting Bond: _____

Address: _____

Phone: _____ Contact Name: _____

Date(s) of Proposed Road Use: *Start date* _____ *End date* _____

Equipment Type To Be Used: _____ Weight _____

Amount of Bond: _____ (\$2,000 per mile)

Method of Posting: Bond Cashier's Check Certified Check

Reason for Request: _____

Name and Contact Information for Driver(s): _____

License Plate Number(s) of Vehicles: _____

I hereby agree to abide by the rule and regulations of Richmond Township 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 at the rate of \$25/inspection. Bonds will not be released until all of the bills have been paid in full. I hereby state that the above information is true and correct to the best of my knowledge.

Applicant Signature and Date

RICHMOND TOWNSHIP

30348 State Hwy 408
Townville, PA 16360

ROAD BOND APPLICATION

Township Use Only

Request Granted: Yes No Date: _____

If denied, Reason: _____

METHOD OF POSTING:

Bond Company Name: _____

Cashier's Check Check Number: _____

Certified Check Check Number: _____

AMOUNT: _____

PERMIT GRANTED: Yes No

Type of Permit: _____

Permit Number: _____

Expiration: _____

INSPECTIONS:

Road Inspected before hauling: Yes No Date: _____

Road Inspected during hauling: Yes No Invoice Number: _____ Paid: Yes No

Road Inspected after hauling: Yes No Invoice Number: _____ Paid: Yes No

BOND RELEASE REQUEST: Name of Requestor _____

Bond Released: Yes No Date of Release: _____

Signature of Road Superintendent: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Secretary: _____ Date: _____