

**MUNICIPALITY OF NORRISTOWN
PUBLIC WORKS DEPARTMENT**

235 E. Airy St.
Norristown, PA 19401
610-270-0437
610-279-3603 fax

HIGHWAY PERMIT APPLICATION

Permit # _____ Date _____

Applicant's Name _____

Address _____

Phone # _____ Cell # _____ Fax # _____

Property Owner's Name _____

Address _____

Phone # _____ Cell # _____ Fax # _____

Address of Proposed Work _____

(✓) *Type of Permit*

Scaffolding _____ Storing or Stockpiling Materials _____ Protection Fence _____ Shed _____
Supply Trailer _____ Utility Pole(s) _____ how many? _____ Test Hole(s) _____ how many? _____

Start Date _____ Completion Date _____

Permit Fee \$ _____

(Acct. 01.322.305900)

It is hereby stipulated and agreed that the above work shall be executed in strict conformity with the provisions of all existing Ordinances governing such work, and under the direction and subject to the approval of the Public Works Director.

The undersigned further agrees to indemnify and save harmless the Municipality of Norristown from any and all loss, expenses and damages in any manner sustained through or by reason of the issue of the said permit, or by the doing of work under it, or by negligence, imperfect work, acts of omissions of the aforesaid (person, firm or corporation), or his (or their) employees.

Applicant Signature

Approved