



## MOUNTVILLE BOROUGH

21 East Main Street, P.O. Box 447, Mountville, PA 17554-0447  
Telephone 717-285-5547 • FAX 717-285-2094

### RIGHT-OF-WAY CONSTRUCTION PERMIT APPLICATION

(Required for installation of WCF's and above ground facilities, if the construction requires excavation, a street excavation permit must be obtained)

Application Date: \_\_\_\_\_

Project location: (please include a sketch) \_\_\_\_\_

Application is hereby made by: (Name): \_\_\_\_\_ (Phone): \_\_\_\_\_

(address): \_\_\_\_\_ (Email): \_\_\_\_\_

for permission to \_\_\_\_\_  
(Description and purpose of work, continue below.....)

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

Under and subject to all conditions, restrictions and regulations prescribed by the Borough of Mountville Code of Ordinances regulating construction within the Right-of-Ways within Borough limits. Copy of said ordinance may be obtained from the Borough Office or online at [www.mountvilleborough.com](http://www.mountvilleborough.com).

1) Date work will start: \_\_\_\_\_

6) Excavation will be performed. Yes No  
(If yes, a Street Excavation Permit is required)

2) Planned completion date: \_\_\_\_\_

3) Road surface is improved to a width of \_\_\_\_\_ feet.

7) Application is for a Wireless Communication Facility Yes No  
(If yes, complete items 8 & 9)

4) Distance from center line of roadway to curb or gutter is \_\_\_\_\_ ft.

8) Number of WCF's (if applicable) \_\_\_\_\_

5) Distance from center line of roadway to right-of-way line is \_\_\_\_\_ ft.

9) Number of WCF's on new poles (if applicable) \_\_\_\_\_

\*\*If temporary road patch is used, provide date the excavation is to be permanently resurfaced. \_\_\_\_\_

The applicant is ( an individual ) ( a partnership ) ( a corporation ).

(Corporate Seal)

\_\_\_\_\_  
(Name of Applicant)

By: \_\_\_\_\_

(Authorized Representative Signature)

\*\*\*Email your completed application to [manager@mountvilleborough.com](mailto:manager@mountvilleborough.com) to receive a timely response and allotted fees\*\*\*

**TO BE COMPLETED BY THE BOROUGH**

Permit Number: \_\_\_\_\_

(Borough Seal)

Permit Approved Date: \_\_\_\_\_  
(Permit valid for a period of 180 days from this date)

By: \_\_\_\_\_  
(Borough Secretary)

Application Fee: \$ \_\_\_\_\_

Additional Fees: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEE:** \$ \_\_\_\_\_

Fee payable to Mountville Borough at time of receipt.

- ☐ Certificate of insurance
- ☐ Bond
- ☐ Use Agreement Required
- ☐ Approved Use Agreement
- ☐ Sketch attached

Inspection Date: \_\_\_\_\_

Final Approval: \_\_\_\_\_

Duplicate copy of application after Borough approval will be authorized permit.  
The prescribed Permit Fee shall accompany application and sketch. Schedule of fees furnished upon request.