BOROUGH OF JIM THORPE

Highway Occupancy Permit Application 101 East Tenth Street, Jim Thorpe, Pa. 18229 Telephone 570-325-3025 Fax 570-325-8154

Owner Name:		
Address:		
City & State:		
Zip:	Telephone:	
Email address:		
Company Name:		
(attach copy of incorporation showing busines	ss name)	
Address:		
City & State:		
Zip:	Telephone:	
Email Address:		
Contact Name:	Telephone:	
PA Tax ID#	Federal Tax ID #	
Description of Work:		
Attach Plot Plan if Required Inform	mation:	
Date Permit to Start:	Date Permit to End:	
Bond Required Amount:		
Signature:	Date:	
Official office use only		
Date received:	Payment received:	