

UNION TOWNSHIP

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www.uniontwp.com

Geophysical Seismic Testing Application

Name: _____ Date: _____

Company Name: _____

Business Address: _____

Phone Number: _____ Email Address: _____

Explain Exploration Method:

Type of Explosives to be used: _____

Documents to Accompany Application

- _____ Map of Testing Area
- _____ Traffic Control Plan (If Necessary)
- _____ Insurance Information & Certificate
- _____ \$500.00 Permit Fee

Signature: _____ Date: _____

Please Refer to Ordinance for all Information
Permit is for 1 year