

**RESOLUTION 10 of 2026**

BE IT RESOLVED, by authority of the Board of Supervisors  
(Name of Municipality/Authority)

of North Franklin Township, Washington County, and it is hereby resolved by authority of the  
(Name of Municipality/Authority)

same, that the Chairman of the Board of Supervisors of said North Franklin Township be authorized  
(designate official title)

and directed to sign the attached Agreement on its behalf and that the Secretary/Treasurer of the  
(designate official title)

Board of Supervisors be authorized and directed to attest the same.

ATTEST:

North Franklin Township  
(Name of Municipality/Authority)

BY Robert A. Sabot  
  
Signature

3/10/2026

Chairman of the Board of Supervisors  
Official Title

(SEAL)

I, Jacqueline M. Kotchman  
(Name)

Secretary/Treasurer  
(Official Title)

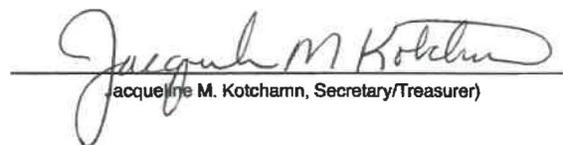
of North Franklin Township  
(Name of Governing Body and Municipality)

do hereby certify that the foregoing is a true and correct copy of the Resolution adopted

at a regular meeting of the North Franklin Township Board of Supervisors  
(Name of Governing Body)

held the 10th day of March, 2026

Date: 3/10/2026

  
Jacqueline M. Kotchman, Secretary/Treasurer



# APPLICANT'S AUTHORIZATION FOR AGENT TO APPLY FOR HIGHWAY OCCUPANCY PERMIT

If granting BLANKET Authorization to submit applications on Applicant's behalf, check this box:

|                                     |  |     |
|-------------------------------------|--|-----|
| If BLANKET Authorization, mark N/A. | PERMIT APPLICATION NO.   | N/A |
|                                     | COUNTY   | N/A |
|                                     | CITY-BORO-TWP.   | N/A |
|                                     | S.R.-SEG.-OFF.   | N/A |
| APPLICANT                           | Name: North Franklin Township<br>Address: 345 Franklin Farms Rd.<br>Washington, PA 15301 |     |
| AGENT                               | Name: Gibson-Thomas Engineering<br>Address: 1004 Ligonier Street<br>Latrobe, PA 15650    |     |

THIS AUTHORIZATION, made this 10 day of March, 2026, by

North Franklin Township,  
 APPLICANT for a highway occupancy permit under 67 Pa. Code Chapter 441 or 459.

WHEREAS, the APPLICANT is required to obtain a highway occupancy permit from the Commonwealth of Pennsylvania, Department of Transportation, called the Department, in order to occupy the State highway; and

WHEREAS, the APPLICANT wishes to authorize the agent listed above (AGENT) to apply for the permit and any associated supplements on behalf of the APPLICANT; and

WHEREAS, the APPLICANT has agreed to grant a release to the Department to allow the AGENT to apply for the permit and any associated supplements on behalf of the APPLICANT; and

WHEREAS, as a condition of this authorization, APPLICANT agrees that AGENT will be required to provide APPLICANT with copies of all correspondence and other documents issued, mailed, emailed or otherwise directed or provided to APPLICANT or AGENT by the Department; and

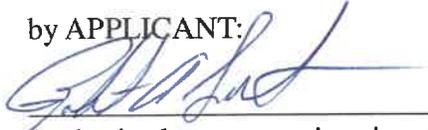
WHEREAS, the APPLICANT may elect to be provided contemporaneous email updates on the review status of the permit application and any associated supplements.

NOW, THEREFORE:

1. The APPLICANT does hereby authorize AGENT to act as APPLICANT's agent with respect to the permit application and associated supplements and to do all things necessary to obtain the permit and/or associated supplements on behalf of the APPLICANT.
2. The APPLICANT does hereby remise, release, quitclaim and forever discharge the Department, its agents, employees and representatives of and from all suits, damages, claims and demands of any type whatsoever arising against it as a result of granting the permit and its supplements to APPLICANT.
3. The APPLICANT  has  has not (check one) elected to be provided contemporaneous updates on the status of the permit application. If the APPLICANT elects to be provided contemporaneous updates on the status of the permit application, provide contact information here (email): e.dinch@nftwp.com.
4. The APPLICANT understands that this AUTHORIZATION is effective until revoked in writing by the APPLICANT or AGENT, with contemporaneous written notice thereof to the Department.

IN WITNESS WHEREOF, the APPLICANT has executed or caused to be executed these presents, intending to be legally bound thereby.

by APPLICANT:



(authorized representative signature)

Name: Robert A. Sabot

Title (if other than individual applicant): Chairman, Board of Supervisor

Date: 03/10/2026

by AGENT:

\_\_\_\_\_  
(authorized representative signature)

Name: \_\_\_\_\_

Title (if other than individual agent): \_\_\_\_\_

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