



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. | |
| | COUNTY | |
| | CITY-BORO-TWP. | |
| | S.R.-SEG.-OFF. | |
| APPLICANT | Name: Warrington Easton, LLC Address: 4 Caufield Place, Suite 102 Newtown, PA 18940 | |
| AGENT | Name: McMahon Associates, Inc. Address: 425 Commerce Drive, Suite 200 Fort Washington, PA 19034 | |

THIS AUTHORIZATION, made this 14 day of February, 2020, by
Warrington Easton, LLC (c/o The Dreher Group)

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

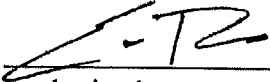
WHEREAS, the APPLICANT may elect to be provided contemporaneous email updates on the review status of the permit application and any associated supplements.

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): Erika.Reed@thedrehergroup.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:



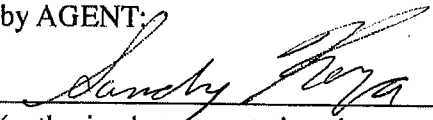
(authorized representative signature)

Name: Erika Reed

Title (if other than individual applicant): Director of Land Development

Date: 2/14/20

by AGENT:



(authorized representative signature)

Name: Sandy A. Koza, P.E.

Title (if other than individual agent): Project Manager

Date: 2/17/2020