



DRIVEWAY PERMIT APPLICATION

APPROXIMATE START DATE: _____

DATE of APPLICATION: _____ TOWNSHIP ROUTE #: _____

ROAD OR STREET WHERE WORK IS TO BE DONE: _____

APPLICANTS NAME: _____ PHONE: _____

APPLICANTS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Under and subject to all the conditions, restrictions and regulations prescribed by the Township on the reverse hereof and on the general provisions and specifications, a true copy whereof is attached and made a part hereof, with the same force and effect as if written or printed herein and under and subject to the special conditions, restrictions, and regulations hereinafter set forth.

DESCRIPTION AND PURPOSE OF WORK: _____

The Township Board of Supervisors may at any time revoke this permit for non-performance of, or non-compliance with any of the conditions restriction, and regulations hereof.

Applicant fee: \$50.00

**APPLICANT
SIGNATURE** _____

**TOWNSHIP
SIGNATURE** _____

Applicant

Road Foreman

Office

Code Enforcement