DRIVEWAY PERMIT APPLICATION

County: _____ Municipality: _____
Site Address: _____

Owner/Applicant Name: _____ Phone #: _____
Mailing Address: _____
E-Mail: _____
□ CALL ME WHEN PERMIT IS READY

Principal Contractor: _____ Phone #: _____
Mailing Address: _____
E-Mail: _____ PA Contractor Registration # _____
□ CALL ME WHEN PERMIT IS READY

Location of Driveway: _____

Statement of materials and Construction to be Used:
_____
_____
_____

A Sketch of the Driveway must be provided
% Slope and distances must be indicated on the plan

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge, and furthermore the property owner has authorized the work.

I certify the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant's Signature: _____ Date: _____