

DRIVEWAY MAINTENANCE/REPAIR PERMIT

Property Owner Information

Property Address: _____

Full Name of Property Owner: _____

Address: _____

Phone No: _____

Contractor Information

Contractor Name: _____

Address: _____

Phone No: _____

Description

Description of work to be completed: _____

**The applicant and/or contractor must notify the Township 24 hours prior to paving.
There is a \$30 fee per inspection for driveway permits.**

Signature of Applicant

Date

To be completed by Township Zoning Officer or Road Master

Inspected by: _____

Date _____

Comments: _____

PERMIT # _____

AMOUNT PAID \$ _____ () Cash () Check # _____