NEW DRIVEWAY PERMIT

	Permit #
Property Owner Information	
Property Address:	
Full Name of Property Owner:	
Address:	
Phone Number:	Email:
Contractor Information	
Contractor Name:	
Address:	
	Email:
DRIVEWAY SPECIFICATIONS	
 a) 4 inches of 2A or 3A subbase at b) 6 inches reinforced concrete; or c) 6 inches 2A or 2RC aggregate* 	
Driveways must be a minimum width of <u>16 feet</u> within the street right-of-wa	of <u>10 feet</u> over the entire length and have a maximum width y.
•	ope of 8% for a distance of 25 feet from the street or access veway exceeds, or is expected to exceed a slope of 12%, special ay be required.
The applicant and/or contractor m	oust notify the Township 24 hours prior to paving. A
representative from the Township mu	st inspect the driveway before the paving is started.
*Note: Paving required 25 feet from t	
To be completed by Township Official	ls
Inspected by:	Date:
Comments:	
Permit Fee Paid	() Cash () Credit () Check #
Date	