

SCHUYLKILL TOWNSHIP APPLICATION FOR DRIVEWAY PERMIT

Residential Driveway

(check one)

Commercial/Industrial Driveway

Applicant: Owner/Occupier		
Address		
Post Office	Zip Code	
Phone #	Fee	Check No

PERMIT NO. _____

Issue Date: _____

**Note: THE TOWNSHIP MUST BENOTIFIED
7 DAYS IN ADVANCE OF COMMENCING
WORK AND 24 HRS IN ADVANCE OF
COMMENCING PAVING OPERATIONS**

APPLICATION IS MADE TO

Construct a New Driveway

Alter an Existing Driveway

Description of Proposed Work: _____

Date Work is Scheduled to Begin _____

Date Work is Scheduled to be Completed _____

LOCATION AND CONTRACTOR INFORMATION

Street _____

Feet to Nearest Property Line _____

Name of Contractor _____

Business Address _____

City & State _____

Phone _____

Fax or Mobile _____

LOCATION SKETCH

Indicate North on the Sketch, the location of the proposed driveway, Street Name(s), Property Lines, and all Dimensions (distance from edge of road to property line, proposed driveway width & length, distance from driveway to property lines, etc.)

DRIVEWAY INFORMATION

APPLICANTS SIGNATURE

Length: _____ Width: _____
Material(s) _____

If a driveway Pipe is Proposed provide the following:

Diameter _____ Type: _____

I, _____, have reviewed all instructions, standard details and regulations pertaining to the installation and/or alterations to the driveways within Schuylkill Township. All statements and information contained on this application are true and correct to the best of my knowledge.

Signature: _____ Date: _____

FOR TOWNSHIP USE ONLY

Site Reviewed on: _____

Site Approved By: _____

Comments: _____