

DRIVEWAY PERMIT APPLICATION

County: _____	Municipality: _____
Site Address: _____	
Owner/Applicant Name: _____	Phone #: _____
Mailing Address: _____	
E-Mail: _____	
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	
Principal Contractor: _____	Phone #: _____
Mailing Address: _____	
E-Mail: _____	PA Contractor Registration # _____
<input type="checkbox"/> CALL ME WHEN PERMIT IS READY	
Location of Driveway: _____	
Statement of materials and Construction to be Used:	

<i>A Sketch of the Driveway must be provided % Slope and distances must be indicated on the plan</i>	

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: _____