

**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 \$25 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 # \_\_\_\_\_