West Fallowfield Township

APPLICATION FOR DRIVEWAY OCCUPANCY PERMIT

Permit Fee: $20.00
Check or money order no. _____

Date: _____

Location of Driveway

Road name and number: _____

Property frontage on road: _____

Distance from edge of property line to edge of driveway: _____

Width of drive: _____

Distance from far edge to opposite property line: _____

Distance from intersecting road: _____

If utility: __ New Installation __ Accidental Replacement

__ Other : _____

Zoning district: _____ Type of use: _____

Application is hereby made by_____ Phone: _____
(Name of applicant-owner)

of _____
(Post Office address) (Zip Code)

for permission to: (describe and sketch driveway including length, slope and materials used)

TOWNSHIP USE ONLY

Changes required: _____

Date of notice: _____

Recommend approval – Zoning Officer: _____

Approved – Board of Supervisors: _____

_____

_____

Proof of Ownership-Deed Book Reference:

Signed and sealed on _____
(Date)