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| **\*\*Township Use Only\*\*** |  | **Date:\_\_\_/\_\_\_/\_\_\_\_** | **Permit# \_\_\_\_\_\_\_\_\_\_** |

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|  |  | Date of Application:       |
| Property Owner:      | Address:       |
| Phone:        | Email:       |
| Location of property     (if different from owners) Street and number, Subdivision and Lot Number |
|  |  |  |  |
| Applicant/Installer:       |
| Installer Phone #:      | Installer Email:       |

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| Note: Fill in the following information as accurately and completely as possible. For a driveway permit, show a rough sketch indicating dimensions of the lot, location of streets and alleys, location, shape, dimensions, and type of construction for existing and proposed driveways and distance from the proposed driveway to lot lines and nearest adjacent driveway. This application is not acceptable unless required information is furnished. |
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| New Driveway Installation - Rip Out & Replace **$100** [ ]  | Topcoat Old Driveway - No Rip Out **$75** [ ]  | Replacing Part of Driveway (30% or less)  **$50** [ ]  |
| Proposed Use: | Commercial [ ]  | Residential [ ]  | Industrial [ ]  | Other [ ]  |
| Driveway | Length      Ft | Width       Ft | Material (Asphalt/Gravel):       |
| Drainage PipeMinimum 15 inch Diameter | Yes [ ]  No[ ]  | If Yes | Length      | Diameter      | Gauge       Minimum 16 gauge |
| \*\*\* FOR TOWNSHIP USE ONLY \*\*\* |
| Fee $\_\_\_\_\_\_\_\_\_ | Date Paid\_\_\_/\_\_\_/\_\_\_ | $500 BondYes[ ]  No[ ]  | Date Bond Paid\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Approved[ ] Denied [ ]  |
| Permit Expires:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | Zoning Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_/\_\_\_\_ |

In making application for driveway permit, the applicant states that the information given is, to the best of their knowledge, true and accurate. It is understood and agreed by the applicant that any/all errors, misstatements or misrepresentations of fact, either with or without intention on their part, such as might, if known, cause a refusal of this application or any alteration or change in plans made without approval of the Zoning Officer subsequent to the issuance of the driveway permit, shall constitute sufficient grounds for the revocation of such permit. Violation of permit and/or township driveway ordinance #124 as amended may result in civil prosecution.

Date:       Applicants Signature:

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| **The permittee MUST notify the Wright Township Department of Public Works as follows:****No more than 48 hours nor less than 24 hours prior to commencement of construction and no later than 24 hours following the completion of the construction of the access driveway at.*** (570) 474-9067 - Ext 214
* (570) 474-9588 - Ext 214
* Mobile (570)578-0146
 |

**Please Note: The driveway shall be constructed prior to any construction, all access to the property shall be by the driveway.**

I have read and understand the above notice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_

 Signature Date

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|  | Home |  | **Initial Inspection** |
| Recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Engineers Approval Required: Yes[ ]  No[ ] Date:\_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department of Public Works |
|  |
| Township Road |
|  |
| Plan | **Final Inspection** |
|  🡨Centerline of Pave 🡨 Paved RoadEdge of paveShoulder  10 Feet Fill in dimensions that apply |
|  Approved [ ]  Disapproved[ ]  Reason(s) for Dissaproval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_/\_\_\_/\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department of Public Works |
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| **Send or return application, along with check payable to** **Wright Township** to:Wright Township SupervisorsWright Township Municipal building321 South Mountain BoulevardMountain Top, PA 18707 |