

BERWICK TOWNSHIP

APPLICATION FOR DRIVEWAY PERMIT

Permit No. _____ Date: _____

1. _____ Phone No. _____
Name of Applicant

2. _____
Address of Applicant

3. _____
Address of property to be improved

4. Application to made to:
_____ Construct a New Driveway _____ Alter an Existing Driveway
Intended Use ___ Residential ___ Industrial ___ Commercial ___ Other

5. Location of proposed driveway
Route Name and No. _____
Name of Nearest Intersection _____
Distance to Nearest Intersection in Feet _____

For Purposes of measuring sight distance, the drivers' eye height shall be 3.5 feet above the proposed access and highway pavement surface and the vehicles' height shall be 4.25 feet above the proposed access surface and highway pavement surface.

6. Posted Speed Limit _____

7. Roadway Sight Distance _____ ft (right) _____ ft (left)

8. Driveway Radius _____ ft.(right) _____ ft (left)

9. Contractor _____

10. Additional Requirements (check if listed on back) _____

11. Sketch (See Ordinance for plan requirements) attached. _____ Yes _____ No

12. Stake location of Entrance (right, left and center)

Fee _____

Signature of Applicant

Accepted by: _____ Date: _____

Payment received by Treasurer _____ Date: _____

Inspected and Approved by Roadmaster _____ Date: _____

Permit Issued _____ Date: _____

All Signatures required before issuance of Permit
Application for use on Township roads only

