

APPLICATION FOR TOWNSHIP ROAD DRIVEWAY PERMIT

(State Roads Require State Permits)

Penn Township, Butler County
 157 East Airport Road
 Office: (724) 586-1165
 Road Foreman: (724) 285-9317
Permit Officer: (724) 586-1165
 Fax: (724) 586-1172
 Email: CBONETTI@Penntownship.org

Application Date _____
 Minimum Use Fee _____
 High Volume Fee _____
 Cash _____ or Check _____
 Construct a new driveway _____
 Alter an existing driveway _____
 Inspection Date (Twp. Use) _____

THE FEE SHALL BE PAID BY CASH, CHECK, OR MONEY ORDER, AND SHALL BE MADE PAYABLE TO PENN TOWNSHIP.

ROUTE NO. OR ROAD NAME (where work is to be done.) _____

District-Map-Parcel #: _____ Property Owner Name(s): _____

Application is hereby made by: (Name of Applicant(s)) _____

Of: (Address of Applicant) _____ Phone # _____

for permission to: _____

Under and subject to all conditions, and regulations prescribed by the Township; and on the general provisions prescribed herein.

Contractor Name: _____ Address: _____

Contact Name: _____ Phone Number: _____ PA Contractor Registration #: _____

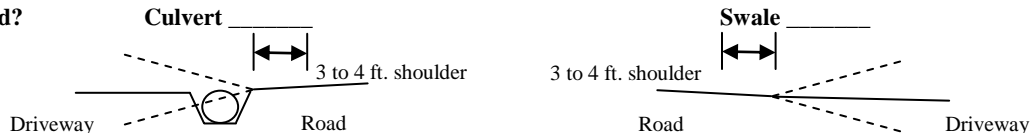
Data Applicable to this Application

General:

Approximate date when work will be started: _____ Is Driveway Permanent or Temporary? _____
 Approximate date when work will be completed: _____ If Temporary, what is approximate date of removal? _____
 The road surface is improved to a width of _____ ft. Driveway is _____ ft. by _____ ft. and _____ square feet.
 Distance from center line of roadway to gutter/ditch: _____ ft. If total square feet (sf) is $\geq 2,500$ sf and $< 5,000$ sf, include form
 Is driveway for single-family or duplex? Yes or No (circle one) Small Project Stormwater Management Application. If
 Driveway will be: (circle one) gravel; paved; other _____ total square feet (sf) is $\geq 5,000$ sf, you **MUST** submit a Stormwater
 Was driveway site previously approved? Yes or No (circle one) Management Site Plan and Report.
 If Yes, what date? _____ Submit Document(s). Total sf of existing and proposed impervious surface? _____ sf*

*Impervious Surface (as defined) ... a surface that prevents the infiltration of water into the ground. Impervious surface includes, but not limited to: roofs, additional indoor living spaces, patios, garages, storage sheds and similar structures, parking or driveway areas, and any new streets and sidewalks. Any surface areas proposed to initially be gravel or crushed stone shall be assumed to be impervious surfaces.

Type of entrance needed?



Conduit: minimum length is 20 feet; it shall exceed driveway width.

Note: Driveway permits authorize 'connection' to the road. Property owner is responsible for compliance with ALL Township Ordinances. Especially review chapters: Subdivision and Land Development Section 703, Zoning Ordinance, Stormwater Management ; Floodplains.

The applicant is: (Circle one) (an individual); (a partnership); (a Corporation).

(Corporate Seal)

 Name of Applicant (printed)

 Title (Owner, Exec. Officer or Authorized Representative)

 Signature

 Date

(See other side) * *The permit application shall be signed by the property owner and accompanied by proof of ownership.* Should the individual signing not be the property owner, also submit instrument giving authorization.

PERMIT ISSUED: _____ ROAD FOREMAN: _____ PERMIT OFFICER: _____
 Date Signature Signature

If multiple driveway connections are needed, submit one application per connection.

If driveway is for single-family dwelling or duplex, provide sketch with the following:

Sight Distances:

Table 1—Safe Sight Distance for passenger cars and single unit trucks exiting from driveways onto two-lane roads.

	<i>Posted Speed (mph)</i>	<i>Safe Sight Distance—Left¹ (feet)</i>	<i>Safe Sight Distance—Right¹ (feet)</i>
1 Measured from a vehicle ten feet back of the pavement edge to a vehicle approaching in the outside lane.			
2 Measured from a vehicle ten feet back of the pavement edge to a vehicle approaching in the median lane.	25	250	195
	35	440	350
	45	635	570
	55	845	875

Sketch: (attach as needed) See Sight Distances (above).

Please include road name, shape of parcel, intersecting streets, and any existing or proposed impervious areas. Also provide an easy to reference dimension for site inspection of proposed driveway such as that from an existing neighboring driveway or other landmark.

Safe LEFT sight distance: _____

Safe RIGHT sight distance: _____

Posted Speed Limit: _____

If applicant is exempt from completing any portion of this application, briefly explain why: _____

_____ (submit supporting documents).

GENERAL INSTRUCTIONS:

Any work performed within the right-of-way of a township road, requires submission of this form along with sketch.

Any road work performed within the township (on, over, under, or within the limits) requires permit. Work involving state highways requires state permits.

The prescribed permit fee shall accompany the application and sketch. The State Fee Schedule is used by the Township and will be furnished upon request.

OTHER CONDITIONS, RESTRICTIONS, AND REGULATIONS:

1. Aggregate to be placed on driveway within 48 hours of completion of driveway.
2. Mud, Stone, and Debris to be removed daily off road surface by applicant.
3. _____

COMMENTS:

The Township Supervisors, may at any time, revoke and annul this permit for non-performance of, or non-compliance with any conditions, restrictions, and regulations hereof.