

DRIVEWAY PERMIT APPLICATION

ORWELL TOWNSHIP BOARD OF SUPERVISORS

205 Main Street

LeRaysville, Pa. 18829

miamiamarie@yahoo.com

Phone: 570-744-1388 Fax: 570-744- 2312

FOR TWP USE

APPL. NO.

APPLICANT/PROPERTY OWNER		
ADDRESS		
POST OFFICE		ZIP CODE
PHONE	FEE	CHECK NO.
EMAIL*		

LOCATION OF PROPOSED DRIVEWAY

County _____

Municipality _____

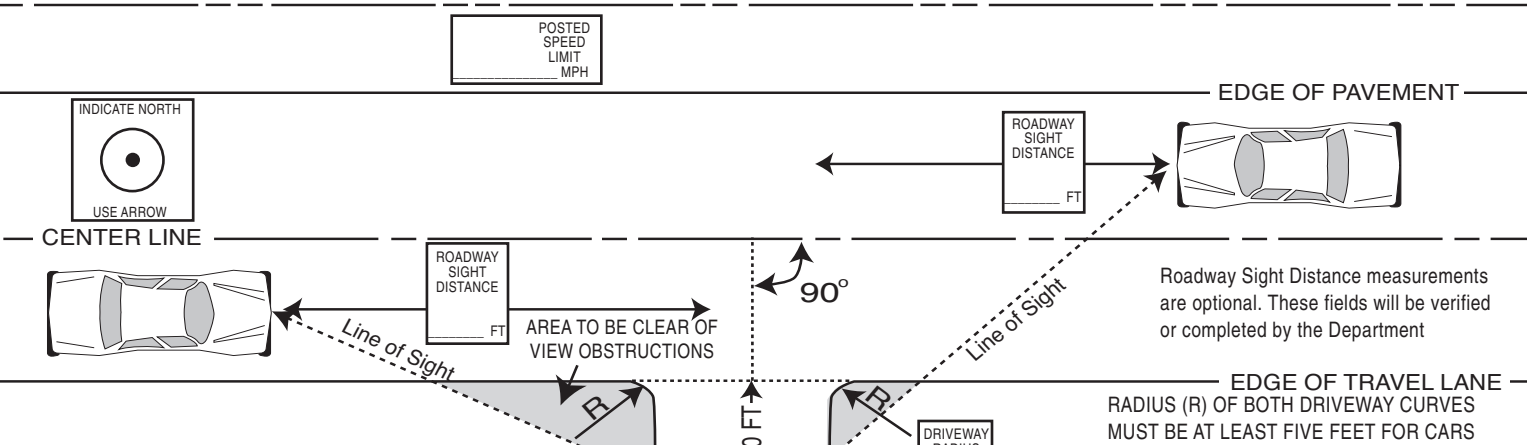
TWP Route No. _____

Location of Proposed Driveway _____

Address or Parcel Identification Number _____

APPLICATION IS MADE TO

- CONSTRUCT A NEW DRIVEWAY ALTER AN EXISTING DRIVEWAY



Roadway Sight Distance measurements are optional. These fields will be verified or completed by the Department

FOR TOWNSHIP USE ONLY

Application Received _____

By _____

Date _____

Notes: _____

FOR TOWNSHIP USE ONLY

Site Reviewed On _____

Comments _____

ROADWAY SHOULDER (Fill in appropriate line)

SLOPE (Fill in appropriate slope)

Description _____

TWP _____

Field Viewed By _____

SIGNATURE _____ DATE _____

Is any portion of the property reserved for a person with a disability or a severely disabled veteran?

Supervisor's _____

Applicant's _____

SIGNATURE(S)

DATE