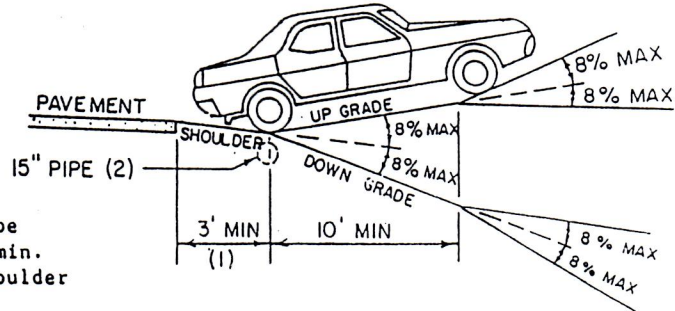
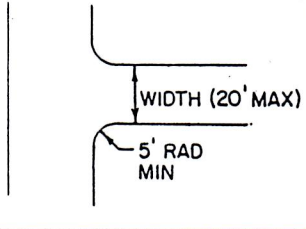


FALLOWFIELD TOWNSHIP
APPLICATION FOR DRIVEWAY PERMIT

Contractor's Name: _____ Phone Number: _____
 Owner's Name: _____ Phone Number: _____
 Present Address: _____
 Tax Map Parcel Number: _____
 Proposed Address: _____
 Nearest Intersection Distance: _____ Road Name: _____
 Type of Driveway (See Below): _____ Construction Type: A. Concrete
 (Circle One) B. Asphalt
 C. Gravel

BOND REQUIREMENT: A cash bond which is fully refundable to applicant upon inspection and approval by Fallowfield Township is required with each application. The amount of bond is determined by the width of driveway fronting on Township road and is calculated at the rate of Ten dollars (\$10.00) per foot of width of driveway.

Width of Driveway at Township Road: _____
 Cash Bond required @ \$10.00 per foot: _____
 Bond Received by: _____
 Bond Released by: _____
 Date of Release: _____
 INSPECTION FEE



- (1) The shoulder slope should be 1/2" per foot min. and 3' min. width or match existing shoulder where it exceeds 3' width.
- (2) Where drainage ditch exists a 15" pipe will be required and must be approved by Township Zoning Officer.
- (3) An option is a 15" grate constructed over the ditch instead of a 15" pipe. A concrete channel will be constructed underneath the grate.

INSPECTION REQUIREMENTS Before inspection, the Owner/Contractor shall contact the Township Zoning Officer _____ phone number _____ for the issuance of a Permit and Acceptance of Type and Location of driveway. After construction the Owner/Contractor shall contact the Township Zoning Officer for Final Inspection.

OFFICIAL USE ONLY

Bond Paid _____ Check # _____
 Permit Fee _____ Check # _____
 Date Paid _____
 Received By _____

Applicant's Signature _____
 Date _____