



Supervisors:
Harry Keefer
Mike Cook
Chris Metcalfe
Treasurer:
Rachael McCarty
Secretary:
Madalyn Lander

Driveway Connection Permit Application

For Driveways connecting to township roads

Please see the attached fee schedule for applicable fees.

APPLICANT NAME(S): _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ADDRESS OF PROJECT: _____

CITY: _____ MERCERBURG _____ STATE: _____ PA _____ ZIP: _____ 17236

CONTRACTOR'S NAME: _____ PHONE: _____

COMPANY NAME: _____ LICENSE #: _____

DESCRIPTION OF WORK TO BE COMPLETED:

Please include purpose of driveway, type of driveway, and materials that will be used.

ESTIMATED START DATE: ____ / ____ / ____ ESTIMATED COMPLETION DATE: ____ / ____ / ____

TOWNSHIP ROAD NAME DRIVEWAY WILL CONNECT: _____

Please include a plan accurately drawn to scale detailing the location and pertinent dimensions of the opening, the proposed installation, and related Township roadway features.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT PER WARREN TOWNSHIP'S DRIVEWAY ORDINANCE ENACTED ON DECEMBER 7, 2020, BY THE TOWNSHIP BOARD OF SUPERVISORS, I, THE APPLICANT, SHALL BE RESPONSIBLE FOR CAUSING COMPLIANCE WITH ALL TERMS AND CONDITIONS OF THE PERMIT BY ITS EMPLOYEES, AGENTS AND CONTRACTORS. THAT AS THE APPLICANT, I SHALL BE RESPONSIBLE FOR ANY AND ALL DAMAGE TO PAVEMENT, SHOULDERS AND ANY OTHER ROADWAY FACILITIES CAUSED BY THE PERMIT WORK OR BY THE APPLICANT'S EQUIPMENT OR HIS CONTRACTOR'S EQUIPMENT AND SHALL BE PRINCIPALLY LIABLE TO THE TOWNSHIP FOR ANY FAILURE TO COMPLY WITH THE PERMIT AND THESE REGULATIONS. I ALSO ACKNOWLEDGE THAT THE PRINCIPAL LIABILITY OF THE APPLICANT TO THE TOWNSHIP SHALL NOT PRECLUDE ANY SUBSEQUENT ACTION AGAINST ITS CONTRACTOR, SUBCONTRACTOR, MATERIALMEN, ENGINEER ARCHITECT OR THE LIKE ARISING FROM THE PROJECT. THE ROADMASTER IS ABLE TO REVOKE THIS PERMIT AT ANY TIME DUE TO MY, THE RESIDENT, LACK OF COMPLIANCE.

APPLICANT SIGNATURE: _____ DATE: ____ / ____ / ____

This permit expires six months from the date of approval.

OFFICIAL USE ONLY

PERMIT COMPLETE: DATE RECEIVED: ___/___/___

DRAWING OF PROJECT: DATE ISSUED: ___/___/___

APPLICATION FEE RECEIVED: EXPIRATION DATE: ___/___/___

TOTAL FEE AMOUNT RECEIVED: EXTENSION DATE: ___/___/___

APPLICATION FEE: \$ _____ INSPECTION FEE: \$20 X _____ VISIT(S) = \$ _____

ENGINEER FEES: \$100 X _____ HRS = \$ _____ ADDITIONAL COSTS: \$ _____

TOTAL FEE AMOUNT: \$ _____ CHECK NUMBER: _____

APPLICATION STATUS:

INCOMPLETE, REQUIRING THE FOLLOWING INFORMATION: _____

HELD FOR ADDITIONAL REQUIRED INFORMATION: _____

REQUIRES INSPECTION.
INSPECTION DATE: _____
Please see attached inspection notes.

REQUIRES REVIEW AT A PUBLIC MEETING.
MEETING DATE AND TIME: _____

APPROVED

APPROVED WITH SPECIAL CIRCUMSTANCES: _____

DENIED FOR THE FOLLOWING REASON(S): _____

PERMIT #: _____

TOWNSHIP OFFICIAL: _____ DATE: ___/___/___