

CHAPMAN TOWNSHIP, CLINTON COUNTY PA
 196 MAIN STREET PO BOX 485
 NORTH BEND PA 17760-0485
 PHONE 570.923.2044
 FAX 570.923.2716
 EMAIL chapmantwp@comcast.net
 WEB www.chapmantownship-pa.us

FOR TWP USE

PERMIT # _____ EXPIRES: _____

CHAPMAN TOWNSHIP APPLICATION FOR DRIVEWAY

APPLICANT	
PROPERTY OWNER	
ADDRESS	
CITY / STATE	ZIP
PHONE	OTHER CONTACT PHONE
EMAIL*	

LOCATION OF PROPOSED DRIVEWAY
 CHAPMAN TOWNSHIP CLINTON COUNTY PENNSYLVANIA

Route No. _____

Nearest Intersection _____

Distance to Nearest Intersection in Feet _____

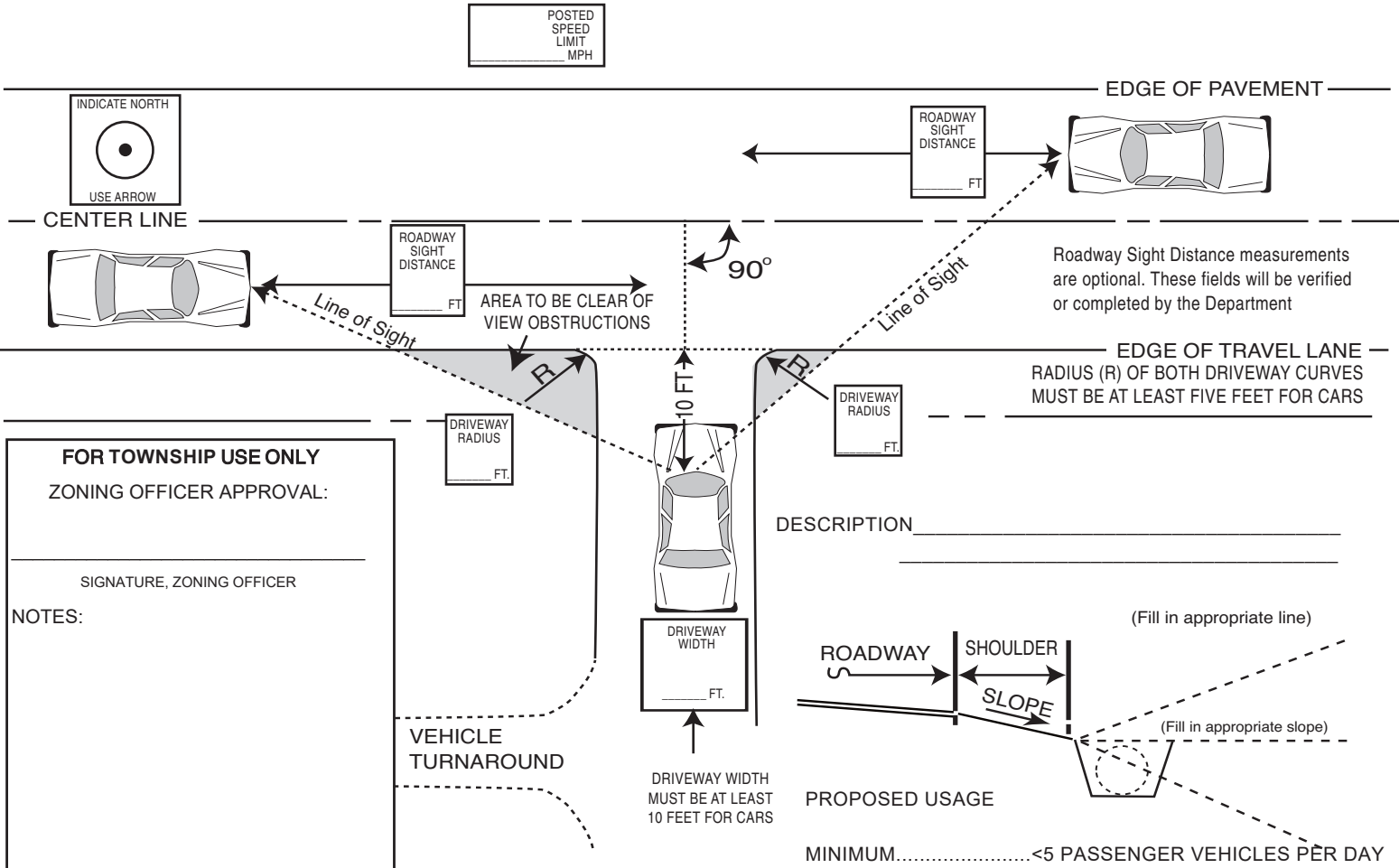
APPLICATION IS MADE TO

ALTER AN EXISTING DRIVEWAY

CONSTRUCT A NEW DRIVEWAY

OWNER APPROVED DOCUMENTATION ATTACHED

DATE WORK SCHEDULED TO BEGIN _____ DATE WORK SCHEDULED TO BE COMPLETED _____



FOR TOWNSHIP USE ONLY
 ZONING OFFICER APPROVAL:

 SIGNATURE, ZONING OFFICER

NOTES:

ROAD MASTER REVIEW: APPROVED?

Site Reviewed On _____

SIGNATURE _____ YES NO

PROPOSED USAGE

MINIMUM.....<5 PASSENGER VEHICLES PER DAY
 MEDIUM.....5-9 PASSENGER VEHICLES PER DAY
 MODERATE-HIGH.....COMMERCIAL, INDUSTRIAL ZONES
 (REQUIRES TRAFFIC PLAN) OR FOR 10+VEHICLES PER DAY, or TRUCK TRAFFIC

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation and on the issued Permit. Applicant is responsible for damages to roadway resulting from construction. Any/All damages to roadway must be restored to original condition. I, the undersigned, certify all statements contained herein are true and correct.

By **X** _____ DATE _____