

DRIVEWAY PERMIT APPLICATION

ELDRED TOWNSHIP

P.O.BOX 600 Kunkletown Road

KUNKLETOWN, PA 18058

Phone: 610-381-4252 Fax: 610-381-4257

APPLICATION DATE: _____ PERMIT FEES: \$60.00 _____
ESCROW FEE: \$150.00 _____
(Refundable upon final inspection and approval)

TAX LOCATION NO. _____ RECEIVED BY: _____
(found on tax bill) (initials/date)

NAME OF PROPERTY OWNER:

MAILING ADDRESS OF PROPERTY OWNER:

PROPERTY LOCATION:

TELEPHONE NO:

CONTRACTOR:

CONTRACTORS ADDRESS:

TELEPHONE NO.: _____ COMPLETION DATE: _____
(Not more than 6 months from approval date)

APPLICANT SIGNATURE: _____ DATE: _____

-----OFFICE USE ONLY-----

DATE: _____ APPROVAL: _____

INSPECTED: _____ DATE: _____