

**LOWER CHANCEFORD TOWNSHIP
PERMIT
FOR
DRIVEWAY INSTALLATION**

Name of Applicant: _____

Address: _____

Location of Property: _____

Road # _____ Map: _____ Parcel: _____

Pipe required: Yes () No () If yes, size required: _____

Cost: _____ Paid: Yes () No ()

- *The driveway must be completed within ninety (90) days following issuance of permit.
- *The driveway shall not be considered complete until the Township Road Master has signed approval below.
- *The twenty-five(25) feet most proximate to the improved portion of the Township road must be improved with eight (8) inches of crushed stone over geo-textile cloth or Beltech 300.
- *The driveway must be located in safe relationship to sight distance and barriers to vision. The driveway may not exceed a slope of five percent (5%) within twenty-five (25) feet of the street or Township road right-of-way line where the drive enters a bank through a cut. Unless a retaining wall is utilized, the shoulders of the cut may not exceed fifty percent (50%) slope within twenty-five (25) feet of the point at which the driveway intersects the street or Township road right-of-way line. The height of the bank must not exceed three (3)feet within ten(10) feet of the street or Township road right-of-way line.
- *Provisions must be made to prevent water running from the driveway to the Township street or road and damaging such street or road.

I, _____, have read and understand the above information.
(print name)

Signature of Applicant: _____

Approval of Driveway Installation:

Permit Fee: \$25.00 paid _____

Signature of Roadmaster

Date of Issuance : _____

Date of Approval

Permit Number: _____

Signature of Roadmaster