

BETHEL TOWNSHIP

BERKS COUNTY, PENNSYLVANIA

DRIVEWAY PERMIT APPLICATION

APPLICANT NAME _____
ADDRESS _____
TELEPHONE: Home () _____ Work () _____

OWNER NAME _____
ADDRESS _____
TELEPHONE: Home () _____ Work () _____

JOB SITE ADDRESS _____
SUBDIVISION NAME _____ LOT # _____
TAX PIN _____
ROAD NAME _____

PROPOSED USE

- New Driveway *Check One*
 First Pave or Alteration of Existing Drive
 Residential *Check One*
 Non-Residential EXPLAIN _____

PROPOSED CONSTRUCTION

<u>Material</u>	<u>Thickness</u>
_____	_____
_____	_____
_____	_____

Slope of first 100 feet of driveway (check one):
_____ less than 8% _____ greater than 14%
_____ greater than or equal to 8% but less than or equal to 14%

Distance from proposed driveway to the nearest property line _____ ft.

Width of proposed driveway _____ ft.

Proposed clear sight distance at proposed driveway intersection

_____ ft. to the right

_____ ft. to the left

Speed limit of road _____ mph

Distance to nearest intersection _____ (ft. or miles)

PROPOSED METHOD OF STORM WATER AND EROSION AND SEDIMENTATION CONTROL,
SPECIFICALLY WHERE DRIVEWAY CONNECTS TO TOWNSHIP ROAD:

DETAILED SKETCH, show lot lines, driveway location, relation to streets/lot lines, and any other information required to assure that proposal conforms to applicable driveway ordinance regulations.

I hereby affirm that the proposed work is authorized by the owner of record and that I am, or have been authorized by, the owner of record to make this application and that we agree to conform to all applicable laws of this jurisdiction, and that all information contained on this application is true and accurate to the best of my knowledge and belief.

Signature of APPLICANT

Date

This section to be completed by **ORDINANCE ENFORCEMENT OFFICER** only

INITIAL application received _____

Complete? Y N -----Explain

COMPLETE application received _____

TOTAL FEES \$ _____

DATE PAID _____

CHECK # _____

DRIVEWAY PERMIT # _____

DATE ISSUED _____

APPROVED BY _____

OTHER COMMENTS/INSPECTIONS