**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
- [ ] First Pave or Alteration of Existing Drive
- [ ] Residential
- [ ] Non-Residential  EXPLAIN ____________________________

**PROPOSED CONSTRUCTION**

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<tr>
<th>Material</th>
<th>Thickness</th>
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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

__________________________