WEST SADSBURY TOWNSHIP

CHESTER COUNTY, PENNSYLVANIA

APPLICATION FOR DRIVEWAY PERMIT

Permit No.: _____ Check No:. _____

Fee: _____

Date Paid: _____

Name of Applicant (Owner): _____

Address: _____ Phone: _____

_____ Zip Code: _____

Name of Contractor or Builder: _____

Address: _____ Phone: _____

_____ Zip Code: _____

Location of Driveway (List Subdivision name if applicable)

_____

Intersecting Road _____

Statement of Materials and construction to be used _____

_____

_____

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge. As the applicant, my signature acknowledges that I agree to indemnify and hold harmless all agents, officers and employees of the Township in accordance with Section 601 of the West Sadsbury Township Driveway Ordinance.

Permit No. _____ Issued. Applicant _____ Date _____

Permit Approved by Inspector _____ Date _____

Final Inspection Approved by Inspector _____ Date _____