



**Mailing Address**

P.O. Box 277  
Dauphin, PA 17018

Phone: 717-921-8128

**Office Address**

10 Elizabeth Avenue  
Dauphin PA, 17018

Fax: 717-474-8146

*Middle Paxton Township*

**DRIVEWAY PERMIT APPLICATION**

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME AND ADDRESS OF OWNER OF PREMISES (IF OTHER THAN APPLICANT) \_\_\_\_\_

LOCATION OF PROPOSED DRIVEWAY (INDICATING TWP. ROUTE #)  
\_\_\_\_\_

WIDTH AND RADIUS OF PROPOSED DRIVEWAY \_\_\_\_\_

SURFACE TYPE \_\_\_\_\_

STATE WHETHER THIS IS A NEW RIGHT OF WAY OR IMPROVEMENT OF EXISTING RIGHT OF WAY \_\_\_\_\_

STATE THE DIRECTION OF APPROACH OF THE DRIVEWAY AND SLOPE, IF ANY (IF DRIVEWAY IS TO APPROACH AT A RIGHT ANGLE TO THE TOWNSHIP ROAD, PLEASE STATE) \_\_\_\_\_  
\_\_\_\_\_

TOWNSHIP ROAD SURFACE IS IMPROVED TO A WIDTH OF \_\_\_\_\_ FEET

DISTANCE FROM CENTER LINE OF TOWNSHIP ROADWAY TO GUTTER OR DITCH \_\_\_\_\_ FEET

DISTANCE FROM CENTER LINE OF TOWNSHIP ROAD TO RIGHT OF WAY  
LINE \_\_\_\_\_ FEET

APPROXIMATE STARTING DATE \_\_\_\_\_ APPROXIMATE COMPLETION  
DATE \_\_\_\_\_

ATTACH SKETCH OF PHOTOGRAPH, IF REQUIRED

EXPLAIN THE EFFECT ON PRESENT DRAINAGE FLOW AND THE WORK  
COMPLETED TO CORRECT AND MAINTAIN SATISFACTORY DRAINAGE  
FLOW \_\_\_\_\_

\_\_\_\_\_  
THE FACTS, STATEMENTS AND ATTACHMENTS PROVIDED HEREIN ARE  
TRUE AND CORRECT, AND I DO SO AFFIRM.

\_\_\_\_\_  
APPLICANTS SIGNATURE