



Mailing Address

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Middle Paxton Township

DRIVEWAY PERMIT APPLICATION

PERMIT NO. _____ DATE ISSUED _____

PERMIT FEES _____

DATE OF APPLICATION _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____ EMAIL ADDRESS _____

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

LOCATION OF PROPOSED DRIVEWAY (INDICATING TWP. ROUTE #) _____

PARCEL NUMBER: _____

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