

**PENN TOWNSHIP
Driveway Permit**

Name: _____ Date: _____

Address: _____ Phone: _____

Name of Township Road: _____

Work Planned: _____

Paving Contractor Name/Address/Phone Number _____

Applicant

Fee Paid: \$ _____

Permit Officer

*Driveways need to be inspected by the Road Master before installation and upon completion. Please contact Jeff Gillaugh at 717-226-3471.

Inspected: Approved _____ Rejected _____

If rejected MUST do the following before approval will be granted:

Date: _____

Road Master

Completion Inspection _____ Date: _____

Road Master