

PENN TOWNSHIP
Driveway Permit

Applicant Name: _____ Date: _____

Address: _____ Phone: _____

Name of Township Road: _____

Work Planned: _____

Paving Contractor Name/Address/Phone Number: _____

Applicant Signature

Fee Paid: \$ _____

Permit Officer

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

Initial Inspection: Approved _____ Rejected _____

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

Date: _____

Road Master

Final Inspection Date: _____

Road Master