

Date: _____

WASHINGTON TOWNSHIP DRIVEWAY PERMIT

Permit Fee \$ _____

Inspection \$ _____

Total \$ _____

Applicant Name: _____

Applicant Address: _____

Phone No. : _____

Date work scheduled to begin: _____

Approximate date of completion: _____

Driveway location relative to premises: _____

Degree of grade: _____

Structural Material: _____

Drainage facilities: _____

Site distances: Left _____ Right _____

Approved: _____

Date: _____

Not Approved: _____

Date: _____

Check payable to "Washington Township Supervisors" in the amount of \$50 must accompany application.