DRIVEWAY PERMIT APPLICATION

ORWELL TOWNSHIP BOARD OF SUPERVISORS

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FOR TWP USE

Phone: 570-744-1388 Fax: 570-744- 2312

APPLICANT/PROPERTY OWNER		APPL. NO.
		LOCATION OF PROPOSED DRIVEWAY
ADDRESS		
POST OFFICE	ZIP CODE	County
T GOT OT TICE	Zii OODE	Marining life.
PHONE FEE	CHECK NO.	Municipality
		TWP Route No
EMAIL*	•	Location of Proposed Driveway
		l , , , , , , , , , , , , , , , , , , ,
APPLICATION IS MADE TO		Address or Parcel Identification Number
☐ CONSTRUCT A ☐ ALTER AN		
NEW DRIVEWAY EXISTING DRIVEWAY	(
	-	
POSTED SPEED LIMIT		
MPH		EDGE OF PAVEMENT
INDICATE NORTH		ROADWAY SIGHT DISTANCE
(•)	-	DISTANCE
USE ARROW		FT
— CENTER LINE ————————————————————————————————————	-	-/
ROADWAY SIGHT DISTANCE	€ €	Roadway Sight Distance measurements
		are optional. These fields will be verified or completed by the Department
	TRUCTIONS	· · · ilin
The state of the s	₹	EDGE OF TRAVEL LANE — RADIUS (R) OF BOTH DRIVEWAY CURVES
	H 0	DRIVEWAY AND MUST BE AT LEAST FIVE FEET FOR CARS
DRIVEWAY RADIUS		
FOR TOWNSHIP USE ONLY		FOR TOWNSHIP USE ONLY
Application Received		Site Reviewed On
By		Comments
Date.		
Notes:		
	DRIVEWAY WIDTH	ROADWAY SHOULDER (Fill in appropriate
	/	line)
	A	SLOPE (Fill in appropriate slope)
VEHICLE TURNAROUND		Description
,	DRIVEWAY WID MUST BE AT LEA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10 FEET FOR CA	
	ï	Field Warred D.
Is any portion of the property reserved for a	_	Field Viewed By
person with a disability or a severely disabled vetera	an? 🔲 🔲	
Supervisor's		
Applicant's		

SIGNATURE(S)

DATE