WEST PIKELAND TOWNSHIP
1645 ART SCHOOL ROAD
CHESTER SPRINGS, PA 19425
610-827-7660 phone
610-827-9141 fax
office@westpikeland.com

DRIVEWAY PERMIT APPLICATION

ADDRESS:_____
(where driveway is proposed)

TAX PARCEL NO: _____

PROPERTY OWNER_____

APPLICANT: _____

CONTRACTOR:_____

_____
(Contractor's address)

_____

CONTRACTOR'S PHONE NO:_____

APPLICANT'S SIGNATURE: _____

Date Work to Start: _____

Approximate Completion Date: _____

Design/Construction Plan Attached: YES NO

Amount of Fee Attached: $ _____

(Applicant agrees that if the attached plan requires a review by the Township Engineer, the applicant will reimburse the Township for the cost of said review)

PLAN REVIEW: Approved _____ Disapproved _____
(Date) (Date)

DRIVEWAY PERMIT APPLICATION FOR

TAX PARCEL NO: _____

PERMIT NUMBER ISSUED: _____

CONSTRUCTION INSPECTED: Approved _____
(Date)

Disapproved _____
(Date)

Signature of Inspector: _____

Date: _____

NOTES and/or COMMENTS: (Including reason for disapproval)