

# EAST BRUNSWICK TOWNSHIP

55 West Catawissa Street  
New Ringgold, PA 179  
Phone: 570.943.2775  
Fax: 570.943.3335

## APPLICATION FOR DRIVEWAY PERMIT

1. APPLICANTS NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS \_\_\_\_\_
2. CONTRACTORS NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_
3. PURPOSE OF DRIVEWAY: \_\_\_\_\_
4. TYPE OF DRIVEWAY: \_\_\_\_\_  
\_\_\_\_\_ Minimum Use/Residential (less than 25 vehicles per day usage)  
\_\_\_\_\_ Low Volume Use (greater than 25 vehicles but less than 750 per day)  
\_\_\_\_\_ Medium Volume Use (more than 750 but less than 1500 vehicles per day)  
\_\_\_\_\_ High Volume Use (more than 1500 vehicles per day)
4. LOCATION OF DRIVEWAY: \_\_\_\_\_
5. START DATE: \_\_\_\_\_ DAYS FOR COMPLETION: \_\_\_\_\_
6. DESCRIPTION OF DRIVEWAY: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ DEPTH \_\_\_\_\_
7. METHOD OF CONSTRUCTION: \_\_\_\_\_ BITUMINOUS PAVING \_\_\_\_\_ OTHER \_\_\_\_\_
8. SKETCH OF PROPOSED WORK: (Use area below or attach separate sheet)

(SHOW LOCATION OF PROPOSED DRIVEWAY, EDGE OF PAVEMENT, EDGE OF RIGHT-OF-WAY, STREET NAME, HOME LOCATION, PROPERTY LINE, EXISTING & PROPOSED UTILITIES, EXISTING & PROPOSED STORMWATER MANAGEMENT FEATURES, DISTANCE TO NEAREST INTERSECTION AND/OR DRIVEWAY AND ANY SIGHT DISTANCE OBSTRUCTIONS)

THE DIMENSIONS AND GRADES IN ACCORDANCE WITH THE FIGURE IN THE DRIVEWAY ORDINANCE WILL BE INSTALLED AS FOLLOWS:

1. LENGTH B (SHOULDER): \_\_\_\_\_ LENGTH A: \_\_\_\_\_
2. GRADE 1  
 (G1): \_\_\_\_\_  
 (C1): \_\_\_\_\_ OR  
 (C2): \_\_\_\_\_
3. GRADE 2 Location Marked In Field: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (G2): \_\_\_\_\_  
 (D1): \_\_\_\_\_  
 (D2): \_\_\_\_\_
4. Sight Distance Provided: Distance \_\_\_\_\_ feet Distance Left \_\_\_\_\_ feet  
 Right \_\_\_\_\_ feet

I, \_\_\_\_\_ The applicant as listed above execute this application this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ And understand the requirements of East Brunswick Township Ordinance \_\_\_\_\_ 2008-1 Number \_\_\_\_\_ and driveway design/construction requirements imposed by said ordinance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR TOWNSHIP USE ONLY:**

DRIVEWAY PERMIT APPLICATION NUMBER (DW- \_\_\_\_\_ - \_\_\_\_\_)

PERMIT FEES	
APPLICATION FEE:	\$ _____
INSPECTION FEE:	\$ _____
Total	_____

DATE APPLICATION AND FEES SUBMITTED: _____	Ck#: _____	Ck Amt.: \$ _____
SITE INSPECED BY: _____	DATE: _____	
RECOMMENDATION: _____	DATE: _____	
PERMIT ISSUED BY: _____	DATE: _____	

**Permit Process:**

1. Applicant submit completed application to Township Secretary (with corresponding check)
2. Township Secretary issues a Driveway Permit Application Number
3. Township Representative (Roadmaster or Engineer) inspect the proposed location/construction.
4. Township Secretary issues or rejects the permit based on recommendation of Township Representative
5. After permit is issued, applicant can start construction of driveway
6. Upon completion of driveway, applicant notifies Township Secretary when project is complete.
7. Township Representative inspects final construction.
8. Township Representative signs off as an "Approved Driveway"
9. Township Secretary files the application as the "Approved Driveway Permit"

Note: Creation of a paved driveway may be subjected to requirements of the Township Stormwater Management Ordinance (Ordinance 2008-4)