



# WEST POTTS GROVE TOWNSHIP

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## RESIDENTIAL DRIVEWAY PERMIT APPLICATION

**(\*\*Two paper copies & one electronic copy must be submitted w/Application\*\*)**

### PROPERTY INFORMATION:

Property Address: \_\_\_\_\_

Tax Parcel Number: 64-00-\_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Zoning District: \_\_\_\_\_

### CONTRACTOR INFORMATION: *if owner is completing work please write "self" for contractor information).*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

HIC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Certificate of insurance attached: \_\_\_\_\_

**CALL WHEN PERMIT IS COMPLETE:**    ☐ Owner    ☐ Contractor

TYPE OF WORK:    ☐ New    ☐ Alteration to existing driveway

### PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Est. Starting date: \_\_\_\_\_ Est. Completion date: \_\_\_\_\_ Total Cost of Project \$ \_\_\_\_\_

### **SKETCH OR PLANS OF DRIVEWAY MUST BE PROVIDED**

All application forms must be submitted to the Township Office prior to the start of any construction. The applicant in signing this form certifies that all information provided herein and in any other supporting documentation is accurate and he/she intends to comply with applicable ordinances. Township staff will review the application form and reserve the right to request more information if necessary. I certify the code enforcement officer, or the code enforcement officer's administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. Please sign below.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Fees Paid: ☐ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Code Enforcement Approval \_\_\_\_\_

**PLEASE NOTE THAT CODE ENFORCEMENT HAS UP TO:  
15 BUSINESS DAYS TO PROCESS RESIDENTIAL PERMIT APPLICATIONS  
30 BUSINESS DAYS FOR COMMERCIAL PERMIT APPLICATIONS**