

**Driveway Pipe Installation
Application
Polk Township Crawford County**

Fax: 419/468-3880 7680 SR 309, Galion, Ohio 44833

Property Owners Name: _____ Contractor Name: _____
Street: _____ Street: _____
City: _____ Zip Code: _____ City: _____ Zip Code: _____
Telephone: _____ Telephone: _____
Description of Installation Location: _____

_____ Marked with Flags or paint
Road or Street Name: _____ Road Number: _____
Type of Purposed Drive: ___ Residential ___ Field ___ Commercial ___ Other _____
Width of Drive: _____ Located along ___ North ___ South ___ East ___ West side
Proposed Tile Diameter (10" min.) _____ inches Length _____ Type of Material _____
Direction of Flow of existing Roadside Ditch: ___ North ___ South ___ East ___ West
Depth of Existing Roadside Ditch below pavement: _____ inches
Distance to Center of existing roadside Ditch: _____
Horizontal alignment of existing highway: ___ Straight ___ Gentle curve
Vertical Alignment of existing highway: ___ Level ___ Rolling ___ Hilly ___ Limited sight distance
Show on separate sheet in a sketch where the drive will be located in relation to the existing property lines. Edge of proposed drive shall be a minimum of 10 feet from property line.

Signature of Applicant: _____ Date: _____

| | | |
|---|---------------------|------------|
| For Administrative Use Only | | |
| Application Number: _____ | Submitted On: _____ | Fee: _____ |
| Referred to Development Review Board: _____ | Meeting Date: _____ | |
| Granted: _____ | Denied: _____ | By: _____ |
| Chair, Development review Board | | |
| Upon the representations contained herein this Zoning Certificate is hereby - | | |
| Granted: _____ | Denied: _____ | By: _____ |
| Administrative Office | | |
| Reason for Denial or Conditions: _____ | | |
| | | |

A copy of the complete permit is on file in the Zoning Administrator's Office