Clifton Township

361 State Route 435 Clifton Township PA 18424 Office: 570-842-4272 Email: Secretary@cliftontownship.com

Application for Driveway Installation Permit

I/We hereby represent that the information provided herein is true and correct and request that a permit be issued in reliance thereon, and agree to comply with the Clifton Township Driveway Ordinance, as amended.

PROPERTY OWNER		
Name:		
Address:		
	Email:	
Signature:		
ADDRESS OF PROPOSED DRIVEWAY INSTALLATION:		
Tax Map Number of Property:		
Name of Road that driveway will access:		
CONTRACTOR		
Name:		
Address:		
Telephone:	Email:	
Estimated Valuation of Work / Improvements: \$		
s this an Existing Driveway? No Yes If yes, current driveway surface:		
Are you planning to Pave Driveway? No Yes If yes, floodplain designation:		

APPLICANT:		
TOWNSHIP USE ONLY		
Application Receipt Date:	Fee: \$	Date Fee Received:
Received By:		
Permit APPROVED The above application for driv Installation in accordance wit	•	es with the Clifton Township Driveway Ordinance e is hereby granted.
Permit DENIED The following deficiencies ha	ve been identified (cite sp	pecific zoning ordinance sections):
SPECIAL CONDITIONS		
Clifton Township Engineer	 Da	ate
Clifton Township Roadmaster	 Da	ate
If Special Conditions exist, by signing before a Certificate of Occupancy is r		complete work as specified in Special Conditions
Property Owners Signature	 Da	ate