

LAPORTE TOWNSHIP, SULLIVAN COUNTY, PA.

APPLICATION FOR
DRIVEWAY PERMIT

1. APPLICANTS INFORMATION

CHECK HERE IF APPLICANT IS PROPERTY OWNER

Name _____ Phone _____
Address _____
City _____ State _____ zip. _____

2. PROPERTY / OWNER INFORMATION

Property Owner _____ Phone _____
Address _____
City _____ State _____ zip. _____

3. GENERAL INFORMATION

Existing Use of Property _____
Date Construction / Paving scheduled to Begin _____
Address of Driveway [if not same as above] _____

4. CONTRACTOR INFORMATION

Name _____ Phone _____
Address _____
City _____ State _____ zip. _____

5. DRIVEWAY ACTIVITY INFORMATION

[TO BE COMPLETED BY LAPORTE TOWNSHIP]

NEW DRIVEWAY To Enter Township Right-of -Way

Was Permit Obtained After Driveway Activity Took Place? YES ___ NO ___

If YES Date Discovered ___ / ___ / ___

Sight Distance **LEFT** Actual _____ Required _____

Sight Distance **RIGHT** Actual _____ Required _____

Sight Distance Requirements Met ? YES ___ NO ___ DATE ___ / ___ / ___

Sub - Base Inspected Prior to Paving ? YES ___ NO ___ DATE ___ / ___ / ___

Do Materials used meet all Requirements ? YES ___ NO ___ DATE ___ / ___ / ___

PERMIT IS::: APPROVED _____ **DENIED** _____ **DATE** ___ / ___ / ___

NAME OF OFFICIAL [print] _____

SIGNATURE _____

COMMENTS:: _____

O EXISTING DRIVEWAY To Be Paved With Black-Top

Was Permit Applied for After Driveway Activity Took Place? YES ___ NO ___

If YES Date Discovered ___ / ___ / ___

Sub - Base Inspected Prior to Paving ? YES ___ NO ___ DATE ___ / ___ / ___

Do Materials used meet all Requirements ? YES ___ NO ___ DATE ___ / ___ / ___

PERMIT IS::: APPROVED ___ **DENIED** ___ **DATE** ___ / ___ / ___

NAME OF OFFICIAL [print] _____

SIGNATURE _____

COMMENTS:: _____

O EXISTING DRIVEWAY To Be Oil & Chip | Tar & Chip |

Was Permit Applied for After Driveway Activity Took Place? YES ___ NO ___

If YES Date Discovered ___ / ___ / ___

Sub - Base Inspected Prior to Oil & Chip? YES ___ NO ___ DATE ___ / ___ / ___

Do Materials used meet all Requirements ? YES ___ NO ___ DATE ___ / ___ / ___

PERMIT IS::: APPROVED ___ **DENIED** ___ **DATE** ___ / ___ / ___

NAME OF OFFICIAL [print] _____

SIGNATURE _____

COMMENTS:: _____

6. FEES

PERMIT FEE: \$ _____.

PERMIT FEE is not refundable regardless if permit is approved or denied

Date Paid ___ / ___ / ___ Check # _____ Cash _____

Permit must be applied for and approved by Laporte Township prior to **ANY DRIVEWAY ACTIVITY**

Driveway Permits are valid for one {1} year from the date of issuance.

New Driveway locations **MUST** be marked on-site at the time of application .

The Township **MUST** be notified at least 24 hours in advance of **ANY** Construction or Paving activity.

7. PLEASE NOTE

Laporte Township Ordinance #04-04 page 117 of the Ordinance book section 202 -D

No building or structure may be built or placed on any lot or subdivision whereby access, ingress or egress would intersect any municipal or state roadway . Whereby the state roadway is involved PA DOT shall permit and make the necessary determinations. When a municipal roadway is involved , a Township official shall permit and make the necessary determinations. Where a drainage pipe is deemed necessary, a 15" diameter with smooth bore shall be considered a minimum required placement. Any and all access, Ingress, or egress shall provide a stopping or leveling area having a grade less than or equal to 4% which extends 25 feet from the outer edge of the shoulder or curb of the intersecting roadway.

This leveling area shall intersect the roadway at an angle no less than 60 degrees, preferably 90 degrees. Said access ,ingress or egress shall be installed to meet PA DOT recommended of the safe sight distance requirements. Where a lot or subdivision fronts on both a minor roadway and a collector roadway or arterial highway, access and egress shall be from the minor roadway. Violation of this ordinance can carry a maximum fine of \$ 300.00 if found guilty before a District Magistrate.

By my signature, I hereby authorize officials of Laporte Township to enter the said property listed on this application to allow any and all inspections required as part of this permit process .Furthermore, if the applicant is not the owner of the property listed on this application , applicant hereby certifies that they have full authority by the property owner to act and sign on their behalf for filing of this application.

Applicant Signature _____ Date ___ / ___ / ___