

LOWER WINDSOR TOWNSHIP DRIVEWAY PERMIT APPLICATION

APPLICANT/PROPERTY OWNER _____

APPLICATION # _____

ADDRESS _____

PHONE # _____

APPLICATION IS MADE TO:

 CONSTRUCT NEW DRIVEWAY

 ALTER EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

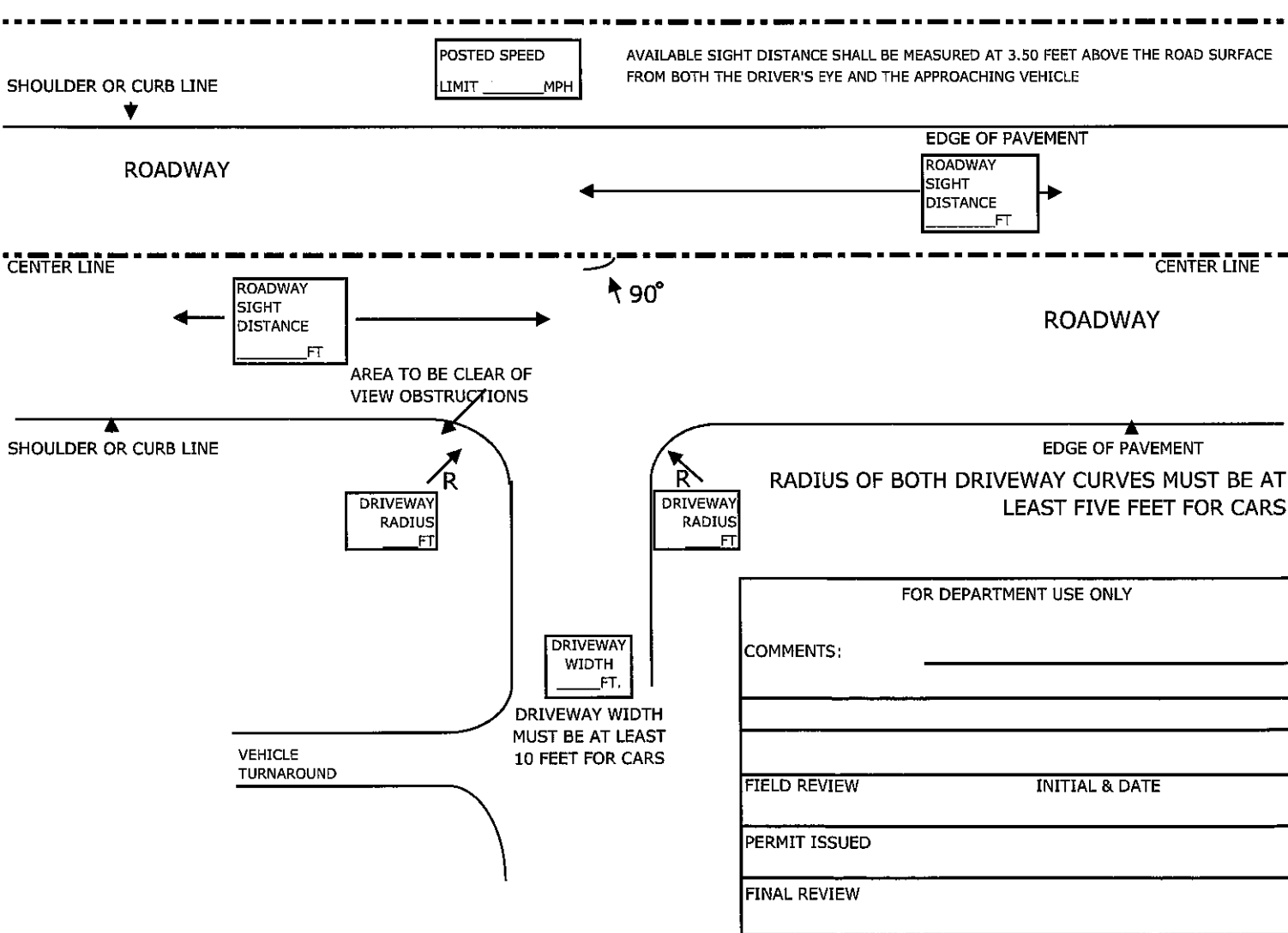
DATE WORK SCHEDULED TO BE COMPLETED _____

LOCATION OF PROPOSED DRIVEWAY

NAME OF ROAD _____

NAME OF NEAREST INTERSECTION _____

DISTANCE IN FEET TO NEAREST INTERSECTION _____



APPLICANT CERTIFIES THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT

BY: X _____ SIGN

_____ DATE