

APPLICATION FOR TILDEN TOWNSHIP DRIVEWAY PERMIT

Date _____ **Phone** _____

Application is hereby made by _____
(Name of Applicant)

of _____, _____ **Pennsylvania,** _____
(Post Office Address)

for permission to _____
(Description and Purpose of Work)

In accordance with accompanying sketch and under and subject to all conditions, restrictions, and regulations prescribed by Tilden Township, Berks County, with the same force and effect as if written or printed herein and under and subject to such special conditions, restrictions, and regulations as may be imposed by the Township Supervisors.

The applicant is (an individual) (a corporation) (a partnership) incorporated under the laws of Township of Tilden
(Corporate Seal)

Attest: _____ Secretary
By _____
(Name of Applicant)
(Authorized Representative)

FOR OFFICE USE ONLY

County – <u>Berks</u>	Issuing permit _____	\$ <u>50.00</u>
Township – <u>Tilden</u>	Township Inspection Fee _____	\$ _____
Township Route No. _____	TOTAL _____	\$ _____
Permit Number: _____	Check or money order _____	\$ _____

Data Applicable to this Application

General – The road surface is (improved) (unimproved) Improved width _____ **feet.**

Approximate date when work will be started _____

Approximate date when work will be completed _____

Working days required to complete the work _____

Distance from center line of roadway to gutter or ditch is _____ **feet**

Distance to property line is _____ **feet**

Pipe necessary for road drainage

Type _____ **Length** _____ **feet** **Size** _____ **inches**