

**East Marlborough Township**  
**APPLICATION FOR DRIVEWAY PERMIT**

Construct a new driveway \_\_\_\_\_ Alter an existing driveway \_\_\_\_\_

Location: \_\_\_\_\_

Between: \_\_\_\_\_ And \_\_\_\_\_  
CROSS STREET CROSS STREET

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of work including proposed gutter drainage at the road: (attach detailed sketch) \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_ PA One Call Serial No. \_\_\_\_\_

Road Width: \_\_\_\_\_ ft. Road Surface: (circle one) Pavement or Gravel Right of Way Width: \_\_\_\_\_ ft.

**DRIVEWAY**

Extent of Excavation: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Driveway surface: (circle one) Blacktop Concrete Gravel Pavers Other \_\_\_\_\_

**SIGHT DISTANCE**

To the left of proposed driveway: \_\_\_\_\_ ft. To the right of proposed driveway: \_\_\_\_\_ ft.

**STORMWATER MANAGEMENT**

Is the driveway part of an approved Building Permit and Stormwater Mgmt. Plan, or approved Subdivision Plan?

If yes, check here \_\_\_ and answer the following:

Has the stormwater management system been installed per approved plan? Yes \_\_\_ No \_\_\_

If no, check here \_\_\_ and answer complete the following:

Since 12/03/2018, has the property previously received a SWM exemption or an approval for use of the Simplified Method?

If yes, check here \_\_\_, and contact the Township for a determination of the SWM requirements for this application.

If no, check here \_\_\_, and complete the following sections.

The total area of the proposed driveway = \_\_\_\_\_ sq. ft.

(Check below and provide appropriate calculations, plans, and details, if required.)

\_\_\_ If < 500 sf, project is exempt. (No further action required.)

\_\_\_ If > 500 sf and < 2,000 sf, provided SWM per Simplified Method for Small Projects, Appendix 1 of Ord. 2013-06

\_\_\_ If > 2,000 sf, provide full SWM design per Ord. 2013-06.

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APPLICANT SIGNATURE

DATE

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I hereby certify that the statements herein are true to the best of my knowledge and belief.  
I understand that this permit will only be issued for the work listed and no other.  
I understand that additional information and/or permits may be required prior to the issuance of this permit.  
I understand that I shall give East Marlborough Township 24 hours notice prior to commencing work.

**DO NOT WRITE BELOW THIS LINE**

Date Received: \_\_\_\_\_ Permit No. \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

Date Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_ Paid By: [ ] check # \_\_\_\_\_

Date Complete: \_\_\_\_\_ Inspected By: \_\_\_\_\_ Date Rejected: \_\_\_\_\_

Comments: \_\_\_\_\_