Date Stamp

EAST VINCENT TOWNSHIP
DRIVEWAY PERMIT APPLICATION

Property Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Contractor Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Site Address: _____

Subdivision Name / Lot # (if applicable): _____

Tax Parcel Number: _____ Zoning District: _____

Use(s): ☐Single-Family Residential ☐Multi-Family Residential ☐Commercial
☐Shared ☐Other _____

Type of Construction: ☐New ☐Expansion ☐Resurface ☐Other_____

Proposed materials: _____

_____

Increase in Impervious Cover (if applicable): _____ SF

Driveway Requirements Met:

Yes	No	
☐	☐	Site plan provided showing driveway layout, proposed grades (slopes), expansion areas, etc.
☐	☐	First 20ft of driveway, measured from edge of cartway, paved per attached cross-section
☐	☐	Maximum driveway slope 15% (portions in excess of 8% limited to 150 continuous feet)
☐	☐	If driveway slope exceeds 8%, minimum parking spaces shall be provided before grade exceeds 8%
☐	☐	Swale provided at driveway entrance per detail *If pipe is proposed, note size/material ___
☐	☐	For new driveways, location marked on-site for verification of sight distance

Explain any non-compliance: _____

*****Contact Code Officer or Roadmaster at 610.933.4424 for driveway inspection after grading and prior to paving at entrance. Driveway grading must be approved by Township <u>PRIOR</u> to paving.**
*****Contact Code Officer at 610.933.4424 for a final driveway inspection.**

Issued by: _____ Date: _____ Permit No: _____

Issuance Notes: _____

_____

Fee: $100 Cash
Check # _____

Escrow: $400 Cash
Check # _____