

Permit # _____

ROSTRAVER TOWNSHIP APPLICATION FOR DRIVEWAY PERMIT

Contractor's Name: _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Present Address: _____

Tax Map Parcel Number: _____

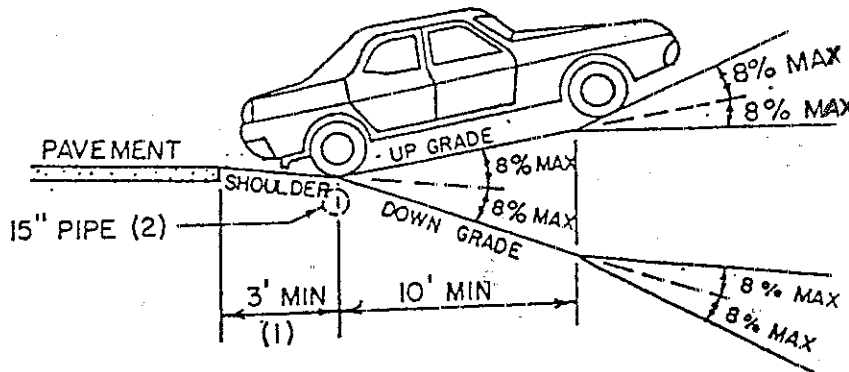
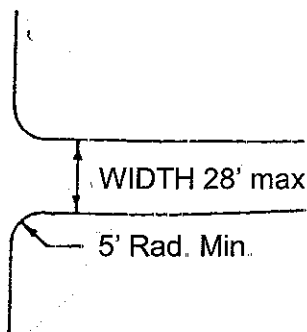
Proposed Address: _____

Nearest Intersection Distance: _____ Road Name: _____

Type of Drive (circle one):	A. Pipe (size) _____	Construction Type:	A. Concrete
	B. No pipe (requires approval)	(circle one)	B. Asphalt
			C. Gravel

BOND REQUIREMENT: A cash bond which is fully refundable to applicant upon inspection and approval by Rostraver Township is required with each application. The amount of bond is determined by the width of driveway fronting on township road and its calculated at the rate of ten dollars (\$10.00) per foot of width of driveway.

Width of Driveway at Township Road: _____
 Cash Bond required @ \$10.00 per foot: _____
 Bond Received by: _____
 Bond Released by: _____
 Date of Release: _____



1.) The shoulder slope should be 1/2" per foot min. and 3' min. width or match existing shoulder where it exceeds 3' width.

2.) Where drainage ditch exists a 15" pipe will be required and must be approved by Township Engineer.

INSPECTION REQUIREMENTS: Before construction, the Owner/Contractor shall contact the Township Engineer, Chester Engineers, phone number 483-8041 for the issuance of a Permit and Acceptance of type and location of driveway. After construction the Owner/Contractor shall contact the Township Engineer for final inspection.

OFFICIAL USE ONLY:

Bond Paid: _____	Check #: _____	Applicant Signature _____
Permit Fee: _____	Check #: _____	Date: _____
Date Paid: _____		