

ELIZABETH TOWNSHIP

423 South View Drive

Lititz, PA 17543

Telephone: (717) 626-4302

Fax: (717) 626-0102

APPLICATION FOR DRIVEWAY PERMIT

Date of Submissions/Receipt: _____ Permit Fee: _____

Address of Property: _____

Name of Property Owner(s): _____

Address of Property Owner(s): _____

Property Owner(s) Phone: _____ E-mail (if available): _____

Name of Contractor: _____

Address of Contractor: _____

Name of Contact Person: _____

Contact Phone: _____ E-mail (if applicable): _____

Description of Materials: Paving Stone Concrete

Please provide a sketch of the property showing the following: (1) Lot shape, lot dimensions, and lot area, (2) location and dimensions of all buildings and structures, and all existing **and** proposed impervious surfaces, and (3) the total square footage of new impervious coverage.

Additional Information:

.....Identification of the total area of new impervious coverage: _____ square feet

.....Total cost of construction: _____

.....Estimated date of completion: _____

COMPLETE AND RETURN THE APPLICATION TO THE ELIZABETH TOWNSHIP OFFICE @423 SOUTH VIEW DRIVE, LITITZ, PA 17543, OR FAX TO (717) 626-0102.

NOTE: The application must be completed in full before the permit will be approved and issued. No work is to be performed before the permit is picked-up and paid for. Prior notice of at least 48 hours is required for a driveway inspection. An inspection can be scheduled by contacting (717) 626-4302.

ANY ADDITIONAL REQUIREMENTS OR COMMENTS ARE LISTED ON THE REVERSE SIDE OF THIS APPLICATION.

Approved by:

Road Superintendent

Zoning Officer

Date: _____

Date: _____