

JACKSON TOWNSHIP

5470 McAlevys Fort Rd Petersburg
Huntingdon, PA 16652
814.386-2836
jacksontownship@gmail.com

pa 16669

APPLICATION FOR DRIVEWAY PERMIT

CONTACT INFORMATION

Applicant Name		
Mailing Address		
Property Address (If different from above)		
Phone		
Email		

PROJECT DESCRIPTION

Proposed Use: Residential Commercial Agriculture

Start Date: _____ **End Date:** _____

Driveway Width: _____ **Driveway Length:** _____

Any work performed within the right-of-way of a township road, requires submission of a copy of this form along with a copy of a sketch showing location and details of proposed work. Any work performed on a township road over, under, or within, the limits of a limited access state highway, requires a state permit.

Jackson Township is not responsible for any damage that may occur to the driveway surface during routine maintenance or winter maintenance. In the case of routine maintenance, the Roadmaster will notify landowner of any planned work that would alter the driveway access.

The terms and conditions embodied in this permit require the permittee to complete this work by the date specified. If work cannot be completed as permitted, the permittee shall notify the Township, in writing, of the reasons for such and request a reasonable time extension to complete the work. If the project for which the permit was issued is abandoned, the permittee shall notify the Township, in writing, and the Township will officially close the permit. Jackson Township may at any time revoke and annul this permit for non-performance of, or non-compliance with any of the conditions, restrictions, and regulations thereof.

Applicant Signature: _____ **Date:** _____

Permit Fee: \$75 - Checks or Money Order **ONLY** made payable to: **JACKSON TOWNSHIP**

Once permit has been received it will be reviewed in accordance with Ordinance 2003-3 by the Township Supervisors and/or the Jackson Township Planning Commission before approval is granted.

DRIVEWAY PERMIT REVIEW

REVIEW DATE: _____ REVIEW BY: _____

REVIEW COMMENTS: _____

DRIVEWAY PERMIT DECISION: **APPROVED** **DENIED**

REASONS FOR DENIAL:

Township Official Signature

Date

Received By: _____

Date Received: _____