

GREENE TOWNSHIP, FRANKLIN COUNTY

HIGHWAY OCCUPANCY – DRIVEWAY PERMIT

Date: _____ Application #: _____

Permit No.: _____ Permittee: _____

Date Issued: _____ Address: _____

Fee: _____ City: _____

State: _____ Zip Code: _____

Phone No.: _____
Day Evening

Work Under This Permit May Be Started On: _____

Work Shall Be Completed On or Before: _____

Address of Property Where Driveway will be constructed *TR No*

Contractor *Phone No.*

Address

City *State* *Zip Code*

Immediately upon completion of the work, Permittee shall notify the Township Office at (717) 263-4990. Subject to all the conditions, restrictions and regulations by the Pennsylvania Department of Transportation and Greene Township Ordinance No. _____ and subject to any special conditions or restrictions herein set forth or attached hereto This permit shall be located at the work site and shall be available for inspection by any Township Official.

THIS PERMIT IS NOT VALID UNTIL SIGNED BY A TOWNSHIP OFFICIAL

FOR: GREENE TOWNSHIP SUPERVISORS:

Acknowledgment of Completion

Greene Township

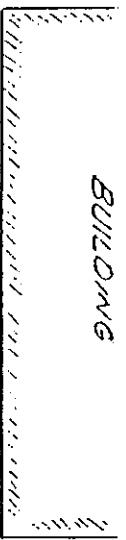
FOR: APPLICANT

Applicant

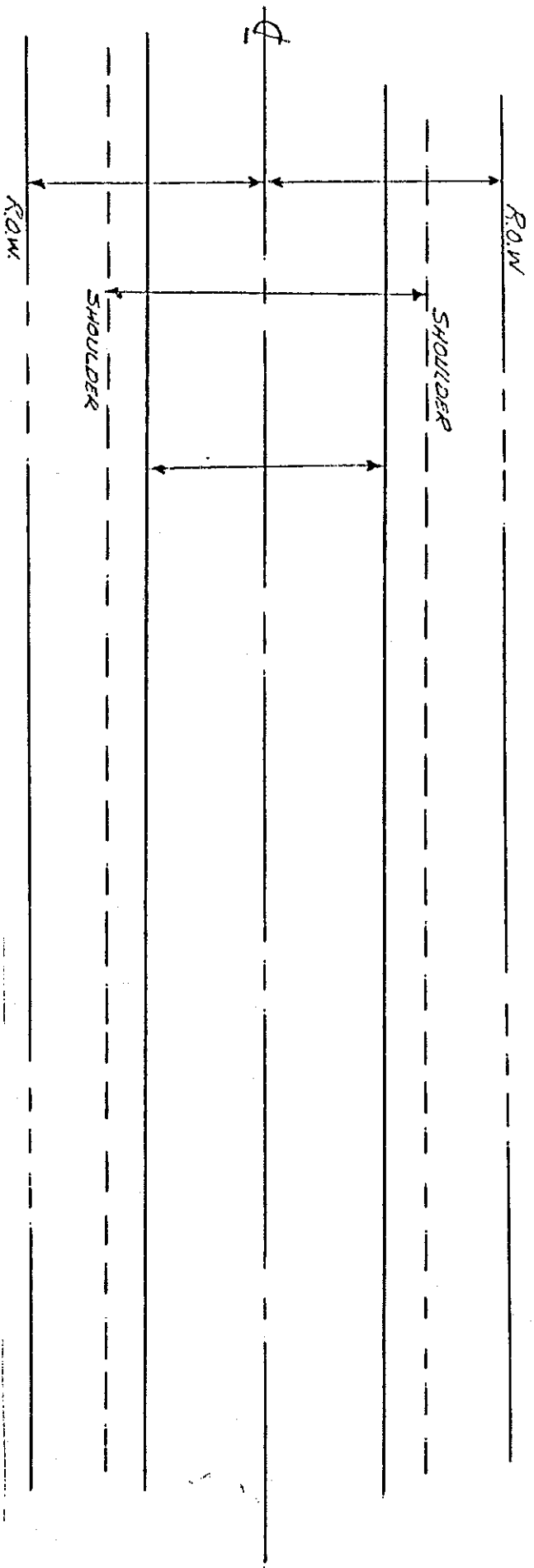
Date

ROAD NAME: _____
TR # _____

LOT # OR HOUSE #: _____



PLEASE SHOW APPROXIMATE LOCATION OF
DRIVE-WAY TO RESIDENCE AND ROAD AND
DRIVE-WAY DIMENSIONS



TYPE OF ROAD _____
TYPE OF SHOULDER _____
TIME SINCE OVERLAPPED _____
TYPE OF TRAFFIC _____