

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

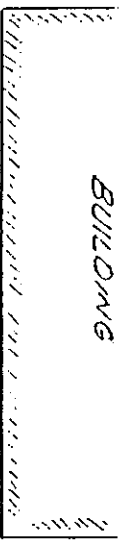
**FOR: APPLICANT**

\_\_\_\_\_  
Applicant

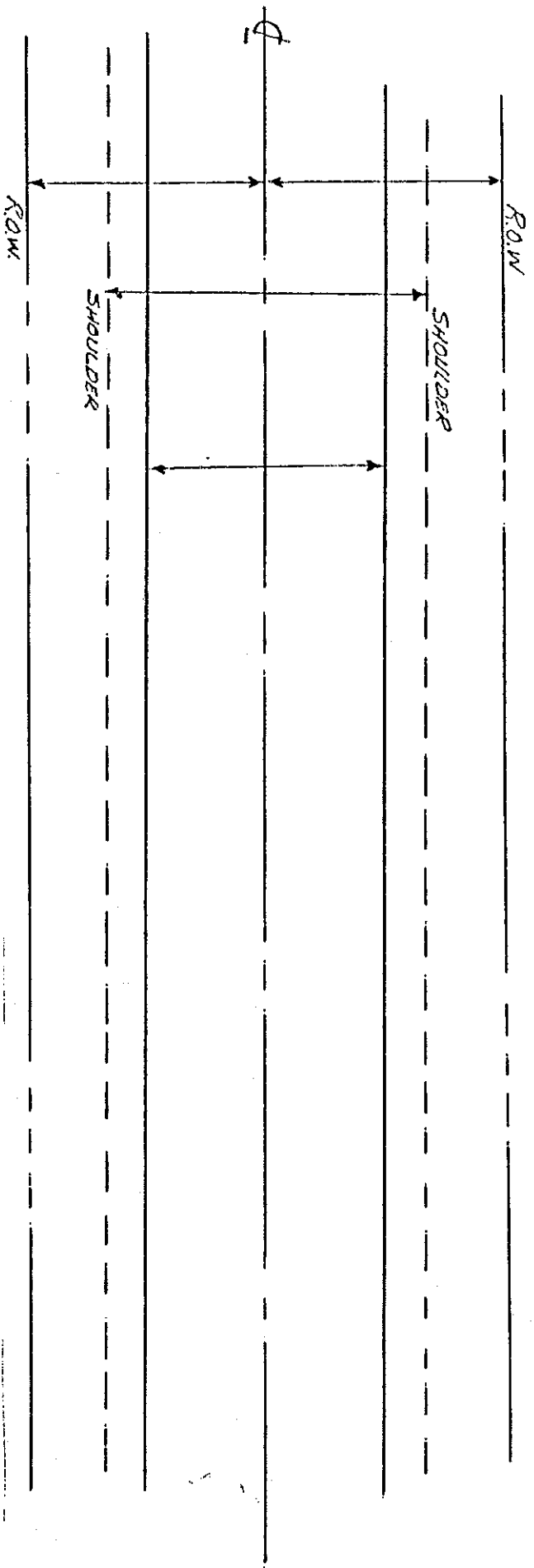
\_\_\_\_\_  
Date

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 \_\_\_\_\_