

This document is provided for planning purposes. **PERMIT NO.:** _____
Please obtain actual forms from the Township office.

**NEW LONDON TOWNSHIP
DRIVEWAY PERMIT APPLICATION**

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

**LOCATION OF
PROPERTY:** _____

TAX P ARCEL#: _____

DESCRIPTION OF WORK: (e.g .. , Construction of driveway to service a single-family residence. Also provide a sketch of driveway design).

STORM SEWER PROPOSED: _____ **YES** _____ **NO**

IF YES, INDICATE SIZE AND MATERIAL: _____ **SIZE**
_____ **MATERIAL**

DATE WORK IS SCHEDULED TO BEGIN: _____

**APPROXIMATE DATE WORK WILL
BE COMPLETED:** _____

**PLEASE CALL TOWNSHIP ENGINEER, RON RAGAN AT 610-255-3400
TO SCHEDULE A "PRE-INSTALLATION" AND "FINAL"
INSPECTION FOR DRIVEWAYS.**