Sadsbury Township

APPLICATION FOR MINIMUM USE DRIVEWAY

A Minimum Use Driveway Is A Residential Or Other Driveway
Which Is Expected To Be Used By Not More Than 25 Vehicles Per Day (i.e. 50 A.D.T.)

SEE PUBLICATION 312 GUIDE

FOR DEPT USE

APPL. NO. ____

APPLICANT/PROPERTY OWNER		
ADDRESS		
POST OFFICE		ZIP CODE
PHONE	FEE	CHECK NO.
EMAIL*		

LOCATION OF PROPOSED DRIVEWAY

County _____

Municipality _____

Route No. _____

Name of Nearest Intersection _____

Distance to Nearest Intersection in Feet _____

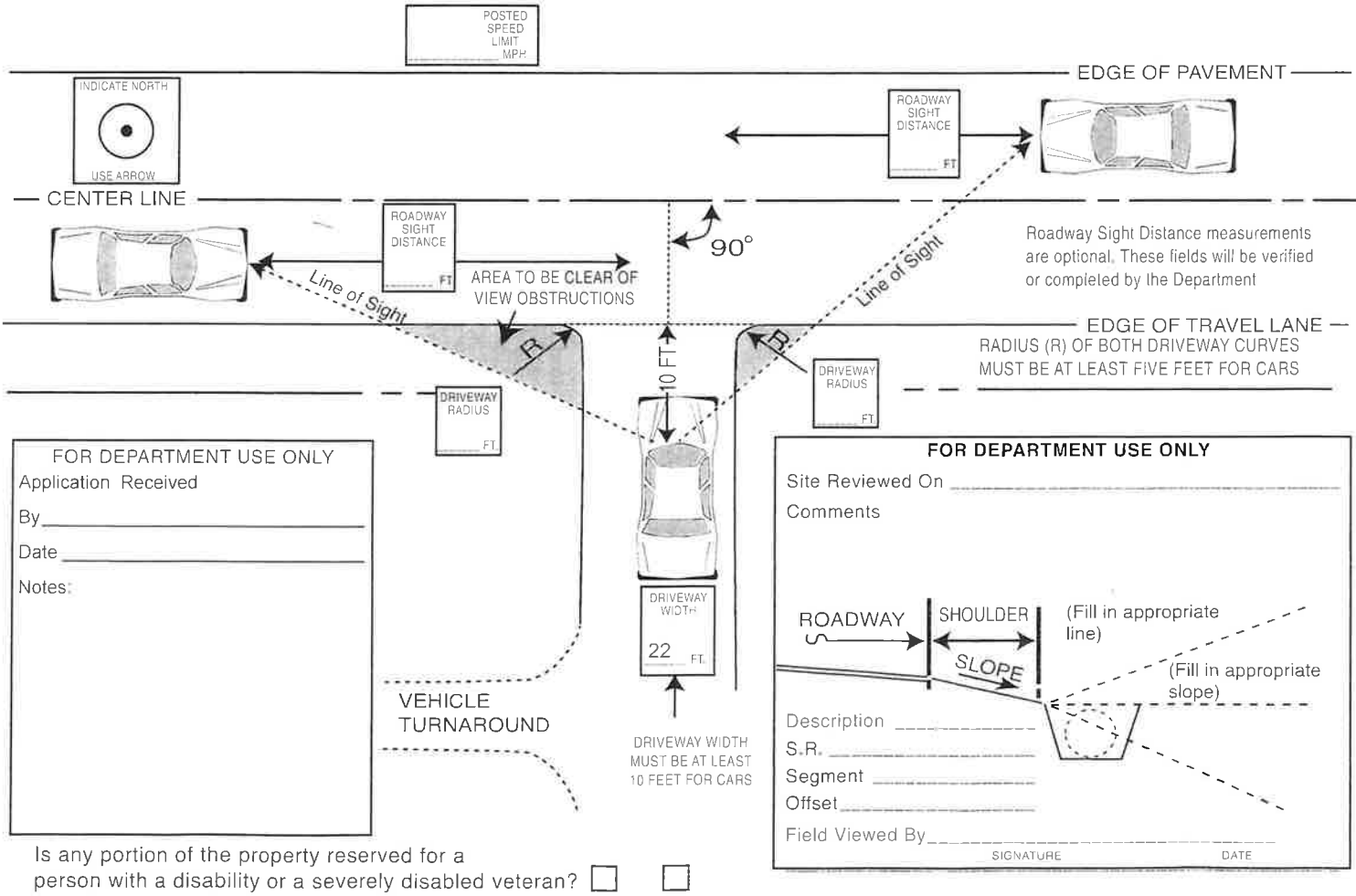
*If a valid email address is provided, the driveway permit will be sent via email; otherwise it will be sent via standard US mail.

APPLICATION IS MADE TO

☐ CONSTRUCT A NEW DRIVEWAY ☐ ALTER AN EXISTING DRIVEWAY

DATE WORK SCHEDULED TO BEGIN _____

DATE WORK SCHEDULED TO BE COMPLETED _____



FOR DEPARTMENT USE ONLY

Application Received

By _____

Date _____

Notes:

FOR DEPARTMENT USE ONLY

Site Reviewed On _____

Comments

Description _____

S.R. _____

Segment _____

Offset _____

Field Viewed By _____
SIGNATURE DATE

Is any portion of the property reserved for a person with a disability or a severely disabled veteran? ☐ YES ☐ NO

Under and subject to all the conditions, restrictions and regulations prescribed by the Pennsylvania Department of Transportation and on the issued Permit, Form M-945P.

The applicant certifies that all statements contained herein are true and correct.

By X _____ _____
SIGNATURE(S) DATE