



589 Fairground Road
Lewisburg, PA 17837
Phone: 570-523-6320
Fax: 570-523-9151
Website: www.ebtwp.org

TOWNSHIP USE ONLY
Permit # _____

Driveway Application/Permit

OWNER INFORMATION

Owner(s): _____
Mailing Address: _____
Phone: _____ Landline Cellular Phone: _____ Landline Cellular
Email: _____ Preferred Method of Contact: Phone Email

Certification of application must be completed by the property owner(s) or authorized agent thereof. I / WE certify that the statements made in this application are true and correct and understand that false statements herein are made subject to the penalties of PA C.S. Section 4904 relating to unsworn falsification to authorities.

Signature(s): _____ Owner(s) Authorized Agent

CONTRACTOR INFORMATION

Company Name: _____
Address: _____
Contact Person: _____ Phone: _____
Preferred Method of Contact: Phone Email Email: _____

DRIVEWAY INFORMATION

Street Address _____ between _____ (Street Name) and _____ (Street Name)	<input type="checkbox"/> New <input type="checkbox"/> Existing Size: _____ Estimated Cost: \$ _____ Construction Material: <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt Drainage: <input type="checkbox"/> Pipe <input type="checkbox"/> Swale
Lot #: _____ Parcel #: _____ Projected Start Date: _____ Projected Completion Date: _____	

PERMIT FEE

Driveway Permit Fee: \$50.00 Make check payable to: East Buffalo Township

TOWNSHIP USE ONLY

Date Received: _____ Method of Payment: Cash Check # _____
Approved by: _____ Date: _____
Roadmaster / Assistant Roadmaster

Keep one copy. – Give one copy to the Contractor



Driveway Application/Permit

<i>TOWNSHIP USE ONLY</i>
Permit # _____

Provide a detailed drawing of the property, including locations of existing buildings, location of proposed buildings, and location of driveway. Include distances from property lines and adjacent streets. For the driveway, include details for stormwater drainage (e.g., swale or pipe).