UPPER SALFORD TOWNSHIP

MONTGOMERY COUNTY, PENNSYLVANIA

DRIVEWAY / ROAD OCCUPANCY PERMIT APPLICATION

Permit No.: _____ Check No.: _____

Fee: _____

Date Paid: _____

Name of Applicant (Owner): _____

Address: _____ Phone: _____

_____ Zip Code: _____

Name of Contractor or Builder: _____

Address: _____ Phone: _____

_____ Zip Code: _____

Location of Driveway (List Subdivision or Physical Address as applicable)

_____

Intersecting Road _____

Statement of Materials and construction to be used _____

_____

_____

Description of Work _____

_____

****Sketch of proposed work must be submitted with application***.

I hereby certify that the information hereon and herewith is true and correct to the best of my knowledge. As the applicant, my signature acknowledges that I agree to indemnify and hold harmless all agents, officers and employees of the Township in accordance with the Upper Salford Township Driveway Ordinance.

Applicant _____ Date _____

Permit Approved by Inspector _____ Date _____

Final Inspection Approved by Inspector _____ Date _____