

COOK TOWNSHIP
P.O. BOX 221
STAHLSTOWN, PA 15687
PHONE & FAX 724-593-7471
cooktwp@lhtot.com

DRIVEWAY PERMIT APPLICATION

Date of Application _____

Applicant's Name _____

Applicant's Address _____

Telephone Number _____

Owner's Name _____

Owner's Address _____

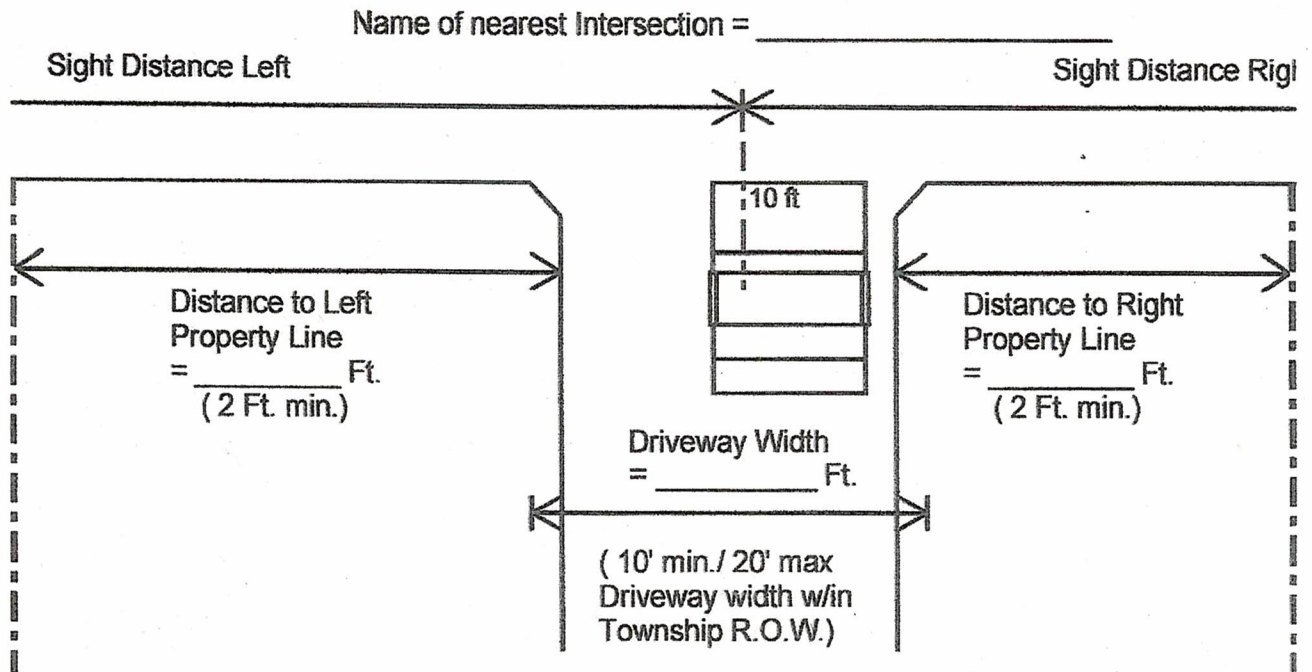
Location of Driveway Entrance _____

Name of Contractor _____

Contact Number _____

Tax Parcel# _____ CONSTRUCT NEW DRIVEWAY

MODIFY EXISTING DRIVEWAY



COMPLETE SCETCH ABOVE

DRIVEWAY ENTERS ONTO _____

SIGHT DISTANCE (LEFT = _____) (RIGHT= _____)

(LENGTH, IN FEET, OF CONTINUOUS DISTANCE THAT IS CLEAR OF ANY VIEW OBSTRUCTIONS)

FOR THE PURPOSE OF MEASURING SIGHT DISTANCE, THE DRIVERS EYE HEIGHT SHALL BE 3.5 FEET ABOVE THE PROPOSED DRIVEWAY AND 10 FEET BACK FROM THE EDGE OF THE PUBLIC TRAVEL LANE. THE APPROACHING VEHICLE'S HEIGHT SHALL BE 3.5 FEET ABOVE THE PUBLIC ROADWAY SURFACE. MEASURE DISTANCE FROM CENTERLINE OF PROPOSED DRIVEWAY.

IF GAS WELL

PAD NAME _____

PROVIDE PHYSICAL ADDRESS _____

COORDINATES: LATITUDE _____ LONGITUDE _____

NOTES;

1. Driveway connection to existing roadway shall pass inspection by Cook Township Supervisors.
2. Applicant shall be responsible for traffic control in accordance with PennDOT Publication 213.
3. Please provide a copy of driveway plans with this application
4. Please contact this office before and after completion of project for inspection.

SIGNATURE OF APPLICANT _____

FOR TOWNSHIP USE ONLY:

PERMIT FEE \$ 75.00 APPROVED
DATE _____ DENIED



TOWNSHIP OFFICIAL _____

CALL BEFORE YOU DIG
PENNSYLVANIA LAW REQUIRES
3 WORKING DAYS NOTICE FOR
CONSTRUCTION PHASE AND 10
WORKING DAYS IN DESIGN STAGE
STOP CALL -811

PA ONE CALL SERIAL NUMBER