



DRIVEWAY PERMIT APPLICATION

HAMILTONBAN TOWNSHIP

23 Carrolls Tract Road, PO Box 526
Fairfield, PA 17320

Office 717-642-8509 fax 717-642-9511 Roadmaster 717-642-8531
hamiltonban@embarqmail.com hbtroads@embarqmail.com

Owner Information

Name: _____ Address: _____

Phone: _____

Applicant Information

Name: _____ Address: _____

Phone: _____

Contractor Information

Name: _____ Address: _____

Phone: _____

Contractor State License No. _____

DRIVEWAY INFORMATION:

Location of Property: _____

Nearest Intersection: _____ to the left or right of property.

Distance from that intersection to driveway in miles or feet: _____

Scheduled starting date: _____ Scheduled Completion Date: _____

Type of Driveway: Temporary (ie. Logging) Agricultural Permanent

Intended usage of requested driveway: _____

Include with application a drawing or sketch on an attached 8.5" X 11" sheet of paper showing location of proposed driveway. Include all features (i.e. poles, pipes ditches etc.), dimensions, and north arrow. The proposed driveway center must be staked or flagged for review by Hamiltonban Township Representative.

Note an E&S plan and Zoning Land Use application may be required.

***** **NOTICE** *****

For terms and conditions regarding this permit, refer to Ordinance 2021-02: Driveway Ordinance (Code Chapter 177). Work is to conform to the Hamiltonban Township Construction and Material Specifications Manual. Roadmaster is to be contacted for inspections at 717-642-8531. Driveway Permit is valid for one (1) year from date of issuance. Temporary Driveway Permits are valid (60) sixty days from date of issuance. Upon expiration a new permit must be secured.

In signing this application for a Hamiltonban Township Driveway Permit, the applicant verifies that all information contained within this application is true, correct, and completed to the best of applicant's knowledge. The applicant understands that the stated information is in compliance with all Hamiltonban Township ordinances and regulations. The Township has the right to revoke the Driveway Permit(s), should any violation(s) of said ordinances occur or any modification of contained information within the application be changed. Falsification of any information related to this application could result in prosecution. The Township assumes no responsibility and is not liable for any injuries, damages, legal actions, disputes or unforeseen developments or occurrences to person(s) or property(s) which might result from the issuance of this Driveway Permit. Furthermore, by issuance of this permit, owner and successors agrees to bear all responsibility and cost for repair and future maintenance of the driveway associated drainage structures.

Applicant's Signature: _____ Date: _____

For office use only

Date Application Received: _____ Fee Collected/Amount: _____
Date Permit Granted: _____ Expiration Date: _____
Permit Number: _____ Tax Parcel Number: _____
SWM Plan Status Approved N/A Steep Slopes (>15%) Yes* No
*If Yes, Contact Zoning Officer

New Driveway

Sight distance left: Actual _____ Required _____ Met _____
Sight distance right: Actual _____ Required _____ Met _____

Hamiltonban Township Representative: _____ Title: Roadmaster Date: _____

Final Driveway Inspection

Date of Inspection: _____
Approved/Not Approved: _____
Comments: _____
Hamiltonban Township Representative: _____ Title: Roadmaster Date: _____

A certificate of Liability Insurance with the Township of Hamiltonban listed as additional insured must be received prior to any access upon Hamiltonban Township roadways.

Insurance Carrier _____ Address _____
Phone Number _____
Policy Number _____

A Minimum Use Driveway Is A Residential Or Other Driveway
Which Is Expected To Be Used By Not More Than 25 Vehicles Per Day

Applicant/Property Owner		
Address		
Post Office	Zip Code	
Phone	Fee	Check No.
E-mail		

APPL. NO. Township Use

LOCATION OF PROPOSED DRIVEWAY

County _____

Municipality _____

Route No. _____

Name of Nearest Intersection _____

Distance to Nearest Intersection in Feet _____

Application is made to

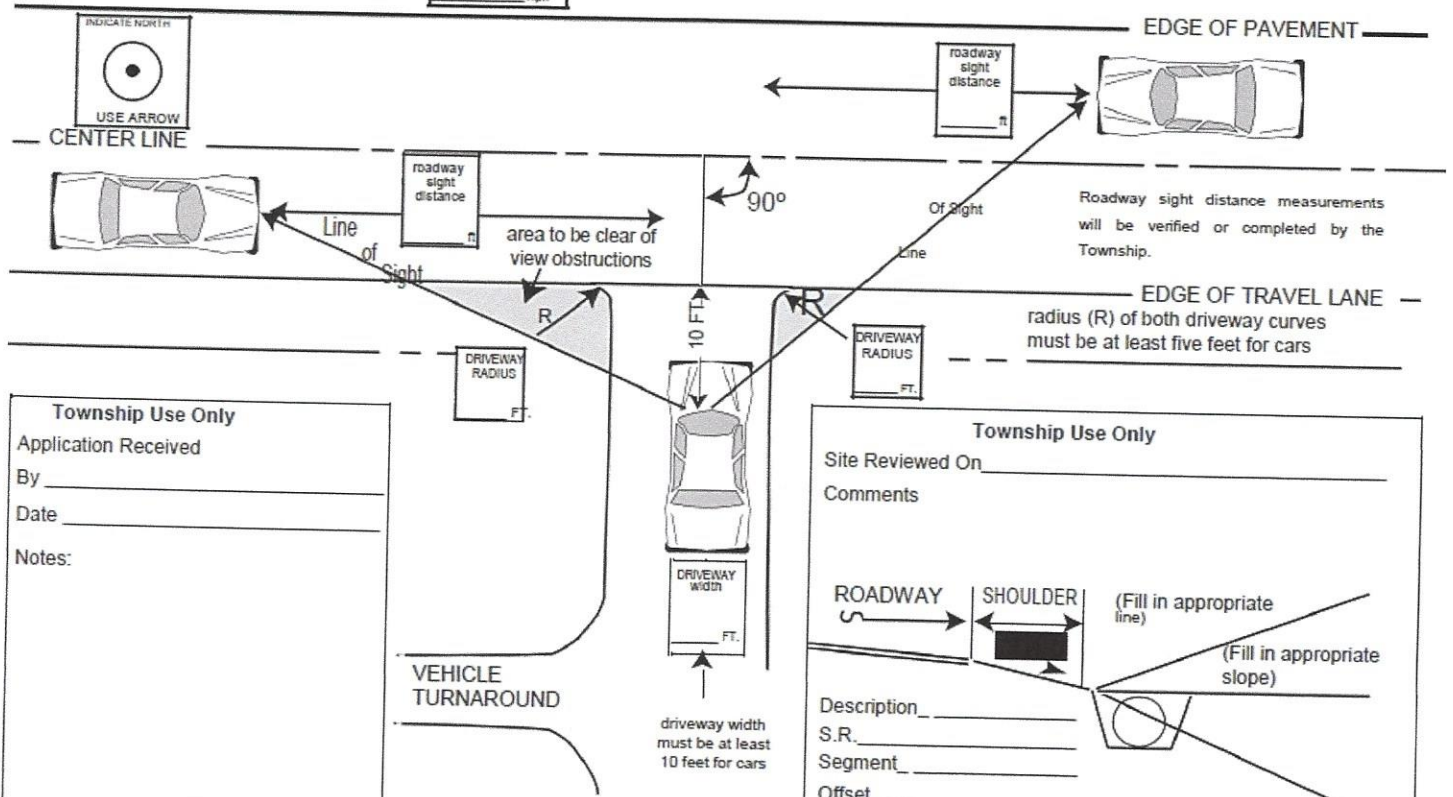
construct a new driveway

alter an existing driveway

Date work scheduled to begin _____

Date work scheduled to be completed _____

posted speed limit _____ mph



Township Use Only

Application Received

By _____

Date _____

Notes:

Township Use Only

Site Reviewed On _____

Comments _____

ROADWAY SHOULDER (Fill in appropriate line)

(Fill in appropriate slope)

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 Tyrone Township, Adams County, Pennsylvania. The applicant certifies that all statements contained herein are true and correct.

By **X** _____

Signature(s)