

**SALFORD TOWNSHIP
ROAD OCCUPANCY PERMIT**

APPLICANT NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE # () _____

LOCATION: _____ **BLOCK** _____ **PLOT:** _____

FOR DRIVEWAY:

FINDINGS: **EXISTING LAND** **ABOVE** **BELOW** **LEVEL WITH EXISTING ROAD**

SLOPE: 0-5 5-10 10-15 15-25 **Greater than 25**

APPLICANT STATES NEW DRIVEWAY SURFACE WILL BE _____ (IN) _____ (FT)

ABOVE **BELOW** **EXISTING GRADE**

EXISTING DITCH INVERT ELEVATION IS _____ **INCHES BELOW EXISTING LAND,**
_____ **INCHES BELOW EXISTING ROAD SURFACE**

NOTE: IF EXISTING CONDITIONS CANNOT BE READILY DETERMINED ON SITE, OBTAIN INFO FROM APPLICANT'S BUILDER, SURVEYOR OR ENGINEER, OR FROM CONSTRUCTION PLANS.

BASED ON FINDINGS AND APPLICANT STATEMENTS, DRIVEWAY QUALIFIED FOR:

_____ **Type A Interceptor Trench**
_____ **Type B Culvert with Interceptor or "Chimney"**
_____ **Type C Precast Interceptor**
_____ **Type D Underdrain**
_____ **Paved Swale, Invert of Swale to be** _____ **inches below elevation**
_____ **at edge of cartway.**
_____ **No entrance treatment required.**
_____ **Special Conditions:**
_____ **(Describe)** _____

Applicant or his builder should contact Township Roadmaster at 215-257-8968 to discuss exact location onsite, if necessary. Roadmaster will attach comments, conditions or sketch to this permit and these will become part of permit requirements.

It is understood that permit is based upon site findings and applicant's statements regarding planned construction. If installation is not as stated, Township reserves the right to require alterations or replacement of drive entry structures in order to provide proper drainage.

PERMIT FEE: _____ **RECEIVED BY** _____ **DATE:** _____

PERMIT RECEIVED BY: _____ **DATE:** _____

ZONING OFFICER: _____ **DATE:** _____

ESCROW RECEIVED: _____ (Attach Escrow Agreement to Permit)

ZONING OFFICER: _____ **DATE:** _____
