ROSS TOWNSHIP

MONROE COUNTY

DRIVEWAY / ROAD ENCROACHMENT / PAVING

APPLICATION FOR PERMIT

DATE_____

NAME OF PROPERTY OWNER _____

ADDRESS_____

PROPERTY LOCATION_____

PHONE NUMBER_____

ATTACH SKETCH OF DRIVEWAY TO APPLICATION

APPLICANT / OWNER SHALL ENSURE THAT WHERE DRIVEWAY INTERSECTS WITH TOWNSHIP ROAD, DRIVEWAY SHALL BE BELOW GRADE OF TOWNSHIP ROAD.

ROSS TOWNSHIP ROAD DEPARTMENT

NAME OF PAVING CO._____PHONE#_____

DRIVEWAY SHALL BE INSTALLED WITH EITHER CRUSHED STONE OR SHALE PRIOR TO ANY HOME CONSTRUCTION.

_____ _____

APPLICANT'S SIGNATURE PRINT NAME DATE

FEE $25.00 DATE PAID_____

DESCRIBE WORK TO BE DONE_____

_____

APPROVED BY_____DATE_____

CULVERT PIPE REQUIRED_____ PIPE SIZE_____

ANY SWALE WORK REQUIRED_____

ANY OTHER CONDITIONS TO BE MET PRIOR TO PAVING OR DRIVEWAY INSTALLATION

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