Mount Pleasant Township, Washington County, Pennsylvania
Driveway Permit Application

Date Application Submitted:______________________________________________________

Applicant Name:_____________________________________Phone:_____________________

Mailing Address:_______________________________________________________________

Property Address(location of driveway)____________________________________________

Nearest Intersection:____________________________________________________________

Distance to Nearest Intersection(in approx.feet):____________________________________

Drainage Provisions to be installed in Driveway(include items such as sluice pipes, swails, ditches etc.)
_____________________________________________________________________________________
_____________________________________________________________________________________

*For additional information please contact our office*

Width of Driveway:_____________   Length of Driveway:_________________

When pulling out onto street, with the vehicle facing forward and with nose of the vehicle not on the street,
please estimate in fee the visibility when looking to the:  Right:_______________  Left:________________

On back, please draw a diagram of driveway showing all setbacks, line of sight, width and depth, turnaround
and curve radius and drainage provisions

*No Permanent Structures Shall Be Placed on Township Right-of-Way. If There Is, It Will Be
Removed At The Owner’s Expense.* (Ex: mailboxes, pipes, concrete/blacktop driveways)

Applicant Signature:________________________________________Date:__________________________

*Application fees must be submitted at the time of application*
Fees: See current fee schedule

For Township Use Only

Received:_________ Approved:_________ Rejected:_________ Refer to Penn Dot:_________

Rejection reason:_________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
Number of inspections required:___________________________________
Payment Received:_________ Check Number:_________ Applicant Notified:_________
Notes:_____________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
Approved:_________ Official Signature:________________________ Title:_____________________________
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