

**FAWN TOWNSHIP
DRIVEWAY PERMIT APPLICATION**

NAME: _____

Phone No.: _____

Location of Property (Road No.): _____

Pavement Requirement: First 30 ft. from gutter line/swale needs paved. Contact Township personnel prior to paving. Township personnel review with contractor needed prior to.

Remarks:

Date:	_____

	Signature of Applicant

PERMIT

Issued after site review.

Date: _____

Signature of Applicant: _____

Signature of Issuer: _____