

**FAWN TOWNSHIP  
DRIVEWAY PERMIT APPLICATION**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pavement Requirement:** The first 30 feet from the gutter line/swale needs to be paved. Please contact the Township prior to paving as Township personnel will need to review the work with the contractor.

**Project Description / Remarks:**

Date: _____
_____ Signature of Applicant

**PERMIT**

*Issued after site review.*

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Signature of Issuer:** \_\_\_\_\_