

**LIGONIER TOWNSHIP - APPLICATION FOR DRIVEWAY PERMIT**

DATE:		PERMIT #	
APPLICANT - OWNER:			
ADDRESS:			
PHONE:			
TAX MAP NUMBER:			
LOCATION OF NEW DRIVEWAY:			
USE OF NEW DRIVEWAY: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____			
DATE OF INTENDED USE:			
DIAGRAM OF PROPOSED DRIVEWAY CUT: (Please include any neighboring driveway locations)			
Applicant/Owner Signature:			
Office Use:			
Date Reviewed:		Reviewed By:	
Comments:			
Approved by:		Date Approved:	

Please submit Application to: Ligonier Township, One Municipal Park Drive, Ligonier, PA 15658.