

## PROCEDURE FOR OBTAINING A DRIVEWAY PERMIT

1. Fully complete the application for your permit making sure to date and sign it and return it along with the required application fee. The applicant for a permit may be the owner or owner's agent. (Please note that although the application fee is non-refundable, it will be applied toward the total cost of your permit(s), with the balance do at permit pick-up).
2. After the application has been approved, the applicant will be contacted when the permit is ready to be picked up and will be informed of the balance due.
3. Permits are valid for one (1) year from the date of issuance.
4. If you have any questions concerning your application, please contact Technicon Enterprises, Inc., ll at 610-286-1622.
5. **PLEASE NOTE:** No construction may begin without payment of the fee and your receipt of the approved permit. Performing work without a permit will result in the doubling of permit fees.

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The following requirements must be met for approval of your driveway permit application:

- Application fee. (Applications received without the required application fee will be considered incomplete and will not be processed).
- Fully completed Driveway Permit application.
- For new driveways or for modifications, include a plot plan or sketch showing driveway location on the site and completely fill out page 2 of this application. Please note the following:
  - The first 20 feet of the driveway must be paved.
  - For new driveways, the centerline must be marked with a minimum 24" tall stake and marked as driveway center.
  - All driveways must be inspected prior to paving (to insure proper storm water drainage) and after paving and sealing is complete.
- Proof of contractor workers' compensation insurance or notarized exemption form.

ALSACE TOWNSHIP  
DRIVEWAY PERMIT APPLICATION

**PROPERTY INFORMATION**

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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**CONTRACTOR INFORMATION**

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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**IMPROVEMENT INFORMATION**

Exact location/address of driveway or other improvement (include nearest cross street):  
\_\_\_\_\_

Type of improvement:

- Construct new driveway  Pave existing driveway  
 Driveway modification with State or Township right-of-way  
 Install ditch, drain or sanitary sewer on State or Township Street, road or right-of-way

Cost of driveway improvement: \_\_\_\_\_ Approximate date work will begin: \_\_\_\_\_

Material to be used: \_\_\_\_\_

Width of driveway: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

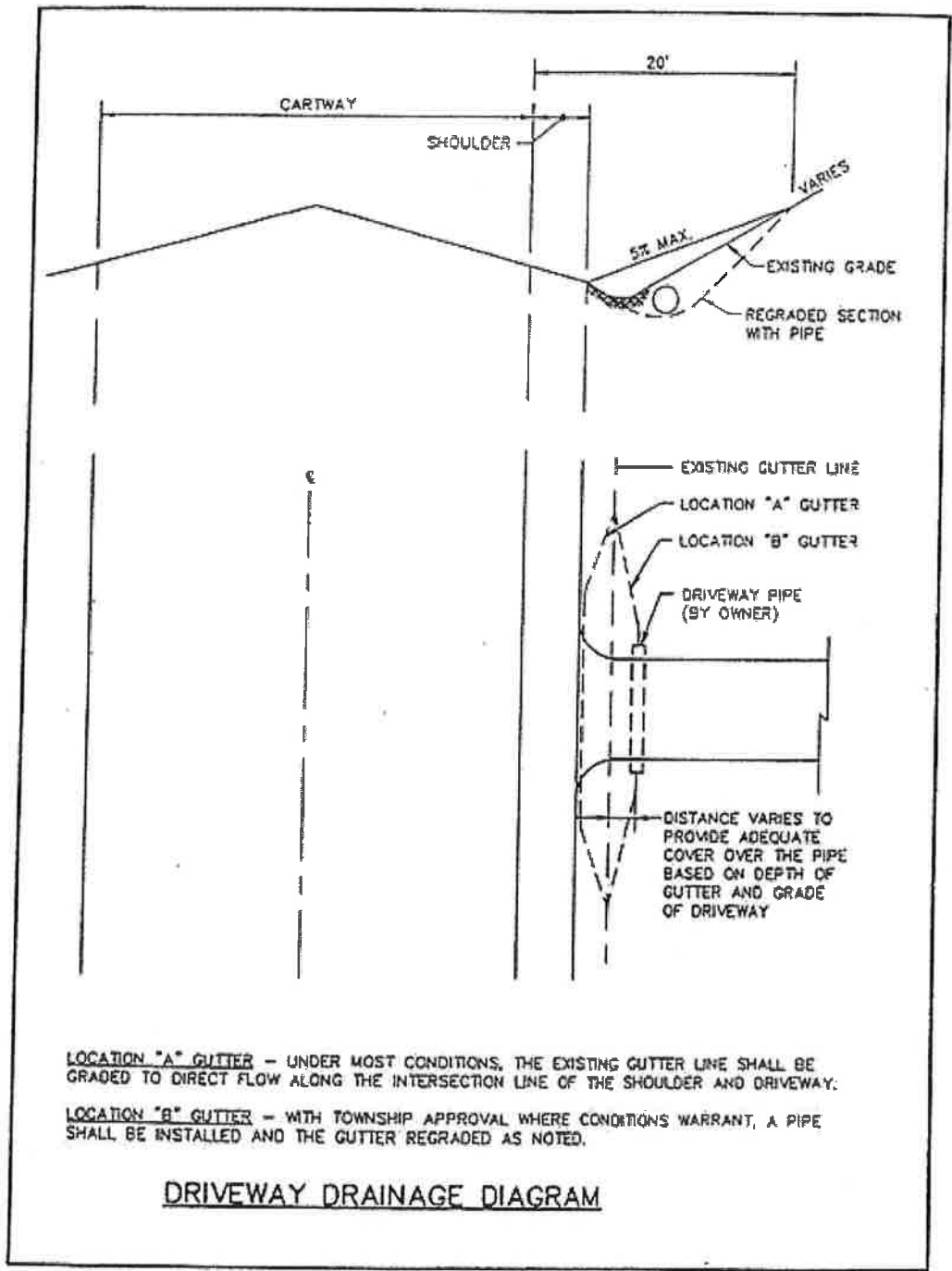
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**Note: All driveways must be inspected prior to paving (to insure proper storm water drainage) and after paving and sealing is complete.**

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

\_\_\_\_\_  
Applicant Signature

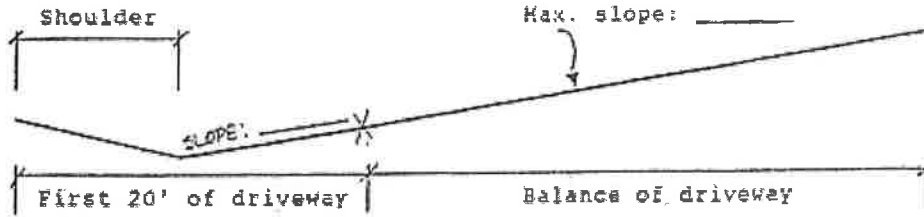
\_\_\_\_\_  
Date



DRIVEWAY PERMIT APPLICATION - PAGE 2

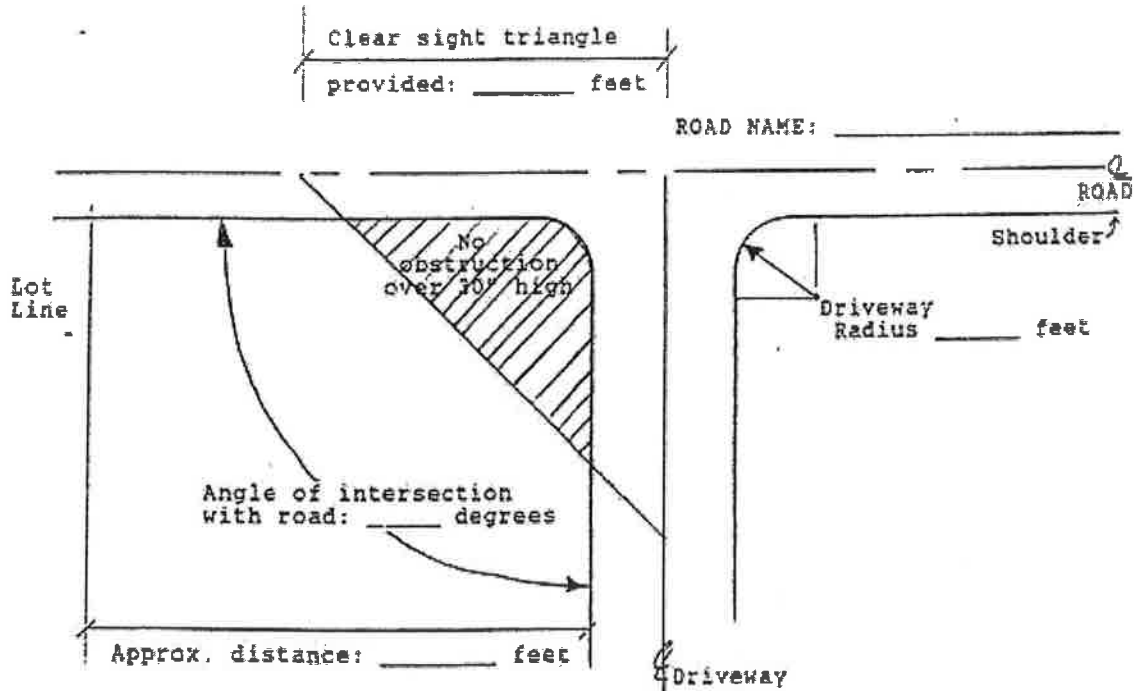
APPLICANT: \_\_\_\_\_

RIVEWAY PROFILE:



Note downward slopes as negative (-)  
Note upward slopes as positive (+)

LAN VIEW OF DRIVEWAY:



FILL IN ALL THE BLANKS

**PENNSYLVANIA WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION FORM**

Please complete all applicable sections of this form paying special attention to the documentation requirements listed in each section. The building and/or zoning permit that you are requesting will not be issued until this form is completed properly.

**1. Are you the homeowner/property owner** performing the work (as requested in this application) yourself?

- No - go to question #2
- Yes - read this exemption statement, sign to indicate your understanding and submit this form with your application  
"Homeowner swears/affirms that he/she will be performing all work on this project and no outside contractors will be employed on this project."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Are you the homeowner/property owner** who has hired a contractor to perform the work (as requested in this application)?

- No - go to question #3
- Yes - please have your contractor complete Sections A & B

**3. Are you the contractor** hired by the homeowner/property owner to perform the work as requested in this application)?

- Yes - complete Section A & B
- No - please explain: \_\_\_\_\_

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**A. Name of Company** \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Address of company \_\_\_\_\_

Federal or State Employee Identification # \_\_\_\_\_

Please select one of the following options:

- Applicant is a qualified self-insurer for workers' compensation  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant carries workers' compensation coverage with an insurance company  
✓ Please attach a copy of the insurance certificate listing the municipality in which the work will be performed as a certificate holder
- Applicant is exempt from providing workers' compensation insurance because:
  - The contractor is a sole proprietorship without employees (The contractor is prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the municipality.)
  - All of the contractor's employees on the project claim an exemption based on religious grounds as defined in Section 304.2 of the Workers' Compensation Act.

**Note: If you are requesting an exemption from the Workers' Compensation Act requirements, you must sign in Section B in front of a notary public.**

Will you be using any subcontractor(s) on this project?  No  Yes (if yes, all subcontractors must present proof of insurance as required under the Pennsylvania Workers' Compensation Act.)

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**B. My signature as the contractor indicates my understanding of the requirements to provide proof of Workers' Compensation insurance as needed and verifies that all statements made above are true. I understand that if I am a contractor requesting an exemption under the Workers' Compensation Act that I must sign this form in front of a notary public.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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**NOTARIZATION REQUIRED FOR CONTRACTORS REQUESTING EXEMPTION FROM PROVIDING WORKERS COMPENSATION INSURANCE**

County \_\_\_\_\_ Municipality of \_\_\_\_\_

My commission expires: \_\_\_\_\_ Subscribed and sworn to before me this-  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

SEAL \_\_\_\_\_