## **Driveway Permit Application**

## Jackson Township, Monroe County

Application Fee: \$25*				
*Application Fee will be applied to total cost of permit fee when issued				
New Driveway Pave/Resurface *Copy of signed co	-	a Row Other al required*		
Property Owner				
Mailing Address	– Phone	e #		
Contractor:  same as owner    Name		I/We grant permission to use above contact information forTownship related notifications		
Mailing Address		ne #		
	= Email			
Applicant: Same as owner same as contractor				
Name	_			
Mailing Address	_Phone #	Email		
Worksite Location: Same as Owner's address		Estimated cost of construction (materials + labor) \$		
Physical Address	_	Site Plan Attached (required)		

Note: Submission of this application grants authorized representative of Jackson Township access to this property at any reasonabletime to inspect and verify the proposed use and/or structure contained within this application is in compliance with all Jackson Township ordinances.

THE INFORMATION PROVIDED ON THIS APPLICATION BY THE APPLICANT(S)/OWNER(S) IS TRUE AND CORRECTTO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Signature	of	Owner
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Signature of Applicant

Date

2162 Route 715, P.O. Box 213, Reeders, PA 18352 & Office: 570-629-0153 & Fax: 570-629-1016 Email: zoning@jacksontwp-pa.gov & Website: www.jacksontwp-pa.gov