

**DRIVEWAY PERMIT APPLICATION**  
**TUSCARORA TOWNSHIP, PERRY COUNTY, PA**

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

**PROPERTY INFORMATION:**

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

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

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

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

Parcel ID # 260, \_\_\_\_\_ (refer to real estate bill) Zoning District \_\_\_\_\_

**CONTRACTOR INFORMATION:**

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

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

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

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

**IMPROVEMENT INFORMATION:**

Exact location/address of driveway or other improvement

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: \_\_\_\_\_

Materials to be used: \_\_\_\_\_

Width of driveway: \_\_\_\_\_ Distance from centerline of roadway to gutter or ditch: \_\_\_\_\_

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

**Note: All driveways must be inspected after paving and sealing is complete and where the swale meets the road.**

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 Uniform Construction Code.

All necessary State, County and Township requirements have been or will be met.

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

(DO NOT WRITE IN SPACES BELOW)

Driveway Permit Issue Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driveway Permit Fee: \$75.00 Fee Collected \$ \_\_\_\_\_ Check No. \_\_\_\_\_

# PLAN OF PROPERTY

Provide a sketch of your property showing outline, dimensions, state or township roads, driveway, existing structures (if any), proposed new structures and distance of structures from property line. (A surveyed plot plan can be provided, if you have one.)

**N**

**S**

Not to Scale

**W**

**E**

Lot Size \_\_\_\_\_

Zoning District \_\_\_\_\_

The **WORKER'S COMPENSATION REFORM ACT (ACT 44 OF 1993)** Effective August 31, 1993, requires all municipalities that issue Building/Zoning Permits to require proof of worker's compensation insurance prior to issuing a building/zoning permit to a contractor or to require an affidavit stating that the contractor is not required to carry worker's compensation insurance. An affidavit, by statutory definition, must be notarized. (if Section B or C are completed)

NOTE: If you are the owner of the property where the work is to performed AND you are doing the work yourself or acting as a general contractor, please sign on the applicant's line. Notarization NOT required.

A. The applicant is:

A contractor within the meaning of the Pennsylvania Workers Compensation Law

Yes  No  (If no, skip Sections B and C and sign below)

If the answer is "yes", complete Sections B and C below as appropriate and have form notarized.

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B. Insurance Information

Name of Applicant \_\_\_\_\_

Federal or State Employer Identification No. \_\_\_\_\_

Applicant is a qualified self-insurer for workers' compensation

Certificate attached

Name of Worker's Compensation Insurer \_\_\_\_\_

Worker's Compensation Insurer Insurance Policy

No. \_\_\_\_\_

Certificate attached

Policy Expiration Date \_\_\_\_\_

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C. Exemption

Complete Section C if the applicant is a contractor claiming exemption from providing workers' compensation insurance.

The undersigned swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of Pennsylvania Workers' Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.

Religious exemption under the Workers' Compensation Law.

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

Address \_\_\_\_\_

Phone No.: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

(Seal)

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