



EAST HANOVER TOWNSHIP, DAUPHIN COUNTY

8848 Jonestown Road, Grantville, PA 17028

Ph. 717-469-0833 * Fax 717-469-1442

www.easthanovertwpdcpa.org

**APPLICATION FOR HIGHWAY OCCUPANCY PERMIT
DRIVEWAY**

Property Address: _____

Tax Parcel No.: _____

Property Owner's Name: _____ Phone No.: _____

Property Owner's Mailing Address: _____

Contractor's Name: _____ Phone No.: _____

Contractor's Address: _____

PLEASE CHECK ONE OF THE FOLLOWING:

New Driveway	<input type="checkbox"/>	Overlay Existing Driveway	<input type="checkbox"/>
2 nd Driveway	<input type="checkbox"/>	Farm Access	<input type="checkbox"/>

PLEASE COMPLETE THE FOLLOWING:

(To the best of your ability.)

Existing Driveway Impervious Area (SF):	
Proposed Driveway Impervious Area (SF):	
Net change in impervious area for proposed project (+/- SF):	
Net change in impervious area on the property since 2008 (SF):	
Please Note: Additional permits (Zoning and/or Stormwater) may be required based on the scope of work.	

Description of Work: _____

Additional Requirements

Driveway work must comply with Penn Dot 408 and Township MS4 Regulations.

Attach a sketch of the property, showing the proposed driveway(s), existing and proposed buildings, environmental features, and property lines. Delineate the location of the clear-sight triangle. A stake shall be placed at the property within 15' of the street designating the centerline of the proposed driveway. All proposed driveway construction must comply with Township Ordinance No. 2019-04. Contact the Public Works Director for inspection upon completion at 717-943-8822.

Signature of Applicant: _____

Date: _____

TOWNSHIP USE ONLY:

Date Submitted: _____

Application Fee: _____

Stormwater Required: YES / NO

Zoning Required: YES / NO

MS4 Coordinator Review: _____
(Date & Initial)

Zoning Officer Review: _____
(Date & Initial)

Stormwater Permit Issue date: _____
(If applicable)

Zoning Permit Issue Date: _____
(If applicable)

Speed Limit: _____

Required Sight Distance: Left: _____ Right: _____

Available: Left: _____ Right: _____

APPROVED / DENIED Public Works Director : _____ Date: _____

Driveway Permit Expiration Date: _____ Final Inspection Date: _____ PASS / FAIL

Inspection Notes: _____
