

# TOWN OF CLINTON DRIVEWAY PERMIT

Computer Permit No: \_\_\_\_\_

Township Application No: \_\_\_\_\_

## Application Information:

Applicant: \_\_\_\_\_

(Name)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(State, Zip)

\_\_\_\_\_

(Phone Number)

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

Property Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Location: \_\_\_\_\_

(Please Include Street Address Where Work Is To Be Done)

Tax Map No: \_\_\_\_\_

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

Description and Purpose of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please Attach A Sketch Showing Location And Details Of Proposed Work.**

**Approximate Starting Date:** \_\_\_\_\_ **Date Of Completion:** \_\_\_\_\_

**Issuing Permit Fee:** \_\_\_\_\_

**Inspection Fee:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**Payment:** CASH: \_\_\_\_\_

Check No: \_\_\_\_\_

**Signature Of Applicant Or Authorized Representative:** \_\_\_\_\_

**Permission Granted By:** \_\_\_\_\_

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

**THIS PERMIT SHALL REMAIN ON SITE UNTIL COMPLETION**