



UPPER MACUNGIE TOWNSHIP

8330 Schantz Road, Breinigsville, PA 18031

Permit # _____

Date Granted _____

Application for: DRIVEWAY PERMIT

RESIDENTIAL COMMERCIAL/INDUSTRIAL / REPAVE EXISTING NEW CONSTRUCTION

Exact Address of Property: _____ City: _____

Subdivision Name: _____ Lot No. _____ P.I.N. _____

Owner: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

CONSTRUCTION PERMIT INFORMATION

Finished surface material? Concrete Asphalt Stone Other _____

Is there curbing along the lot frontage? Yes No

If repaving, are you widening the driveway? N/A Yes No

Additional information: _____

Contractor or Person Responsible for Construction: _____
(Name, Address and Phone Number)

(Phone)

- A site plan drawn to scale must accompany this application showing property lines and proposed driveway.
- A site plan showing the driveway location has been included with this permit application.
- Driveways must be 5' feet from property lines and dimensioned on site plan.
- Residential driveways require a minimum and maximum width of 10' feet and 20' feet, respectively.
- Final inspection is required.
- 48 hours notice is required for all inspections by calling the Zoning Officer at 610-395-4892, ext. 122.

Is owner the applicant? Yes No If no, name of contractor? _____

(Sign Your Name) (Print Your Name) (Date)

For Official Use ONLY

Permit Approved

Permit Denied

Date Inspected: _____ Time: _____ Inspector: _____

Permit Conditions: _____

Zoning Official: _____ Date: _____



UPPER MACUNGIE TOWNSHIP
8330 Schantz Rd
Breinigsville, PA 18032

(610) 395 - 4892

FAX (610) 395 - 9355

AS-BUILT (SITE PLAN) REQUEST

Date of Request: _____

Name of Requester: _____

Property Address: _____

Phone Number: _____

E-mail Address: _____

For Official Use ONLY

Date Received: _____

Permit # _____

Date Applicant Notified for Pick-Up: _____

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892

FAX (610) 395-9355

INSURANCE COVERAGE REQUIRED:

All Contractors performing work in Upper Macungie Township must have proof of insurance to include general liability and workers' compensation coverage.

If your policy does not include workers' compensation coverage, we will need the township's waiver form completed and notarized, the form can be notarized at Upper Macungie Township. You will need a valid form of Identification (such as driver's license). This form can be found in the licensing link on the website. This form should be included with your general liability certificate.

Upper Macungie Township must be listed as certificate holder.

Please forward a copy of your certificate to:

Upper Macungie Township
8330 Schantz Road
Breinigsville, PA 18031
Fax to 610-395-9355
Email: Tantonelli@uppermac.org or Sharons@uppermac.org

If you have any questions, please contact me at 610-395-4892 Extension 125.

Thank you,

Upper Macungie Township

UPPER MACUNGIE TOWNSHIP

8330 SCHANTZ ROAD
BREINIGSVILLE, PA 18031



(610) 395-4892 FAX (610) 395-9355

**WORKERS' COMPENSATION INSURANCE COVERAGE CONTRACTORS IN
ACCORDANCE WITH PA WORKERS' COMPENSATION REFORM ACT 44**

Exemption:

Complete if the Applicant is a contractor claiming exemption from providing Worker Compensation Insurance.

The undersigned swears or affirms that he / she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's 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 Upper Macungie Township.
- **Religious Exemption** under the Workers' Compensation Law.

Print Company Name

Subscribed and sworn before me this
__ day of _____ 20 _____

Print Applicant Name

Signature of Notary Public

My Commission Expires: _____

Address

(Seal)

City/State/Zip Code

County/Municipality

Signature of Applicant