

**UPPER FAIRFIELD TOWNSHIP  
DRIVEWAY PERMIT**

All work under this permit to be completed  
on or before: \_\_\_\_\_ \*\*

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

\*\*Permit void after this date. Immediately upon  
completion of the work, Permittee will notify the Township.

Total Fees: \_\_\_\_\_

\_\_\_\_\_  
Applicant (Permittee)

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

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Township Route No. Road, or Street (Where work is to be done)

Township: UPPER FAIRFIELD TOWNSHIP

County: LYCOMING COUNTY

Under and subject to all the conditions, restrictions, and regulations prescribed by the Township and on the general provisions and specifications, a true copy whereof is attached and made part hereof, with the same force and effects as if written or printed herein and under, and subject to the special conditions, restrictions, and regulations hereinafter set forth.

DESCRIPTIONS AND PURPOSE OF WORK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Upper Fairfield Township Board of Supervisors, may at anytime revoke and annul this permit for non performance of, or non-compliance with any of the conditions, restrictions, and regulations set hereof.

APPROVED: \_\_\_\_\_  
DAY / MONTH / YEAR

\_\_\_\_\_  
Upper Fairfield Township Signature or Seal