San Francisco Township

Driveway Permit

Permit # _____ **Fee** _____

Date: _____ **Paid** _____

Property Owner / Builder **Driveway Location**

Name: _____ **Parcel #** _____

Address: _____ _____

City: _____ **Legal Desc:** _____

Phone: _____ _____

****

Before Driveway Construction:

Instructions:_____

_____

_____

_____

_____

Site visited by: _____ _____

Township **Property Owner / Builder**

****

After Driveway Construction;

Township Inspection by: _____ **Date:** _____

County Inspection by: _____ **Date:** _____

White – Township **Yellow – Zoning Office** **Pink - Applicant**