



APPLICATION FOR DRIVEWAY PIPE PERMIT
Logan Township, Blair County

Driveway Permit No. _____ Date Issued: _____

Tax Map No. 14- _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Location of Work:

Description of Work:

Notes/Special Instructions:

Work Performed By:

Telephone No.: _____ Commence Construction On: _____

All work shall be performed in accordance with applicable Logan Township ordinances. Contact Logan Township Highway Department at 949-3355 at least three- (3) days prior to construction. Attach USGS Map and calculations showing that the proposed pipe has been adequately sized.

PERMIT FEE: \$ _____

Issued By: _____ Title: _____

Inspected By: _____ Date: _____