



Somerset Borough Building Inspections

P.O. Box 71, 347 West Union Street
Somerset, PA 15501-0071

Office: (814) 445-5595 * Fax: (814) 445-3931
www.somersetborough.com



Application for DRIVEWAY PERMIT

OFFICE USE

Zoning District: _____ Map No.: _____

Parcel No.: _____ Lot Size: _____

Application Number: Z - _____

Permit Number: D - _____

Permit Fee: _____

Date Paid: _____

Fees: New - \$35.00 Includes Application Fee

Replacement - \$10.00

Owners Name: _____

Phone No.: _____

Owners Address: _____

Driveway enters on: (*Complete State form)

Borough Street Location: _____ *State Road Location: _____

Driveway material to be: Shale (Temporary) _____ Blacktop _____ Concrete _____

Does existing curb have to be removed? Yes _____ No _____

Number of Driveways requested: _____

Note: Properties with frontage under fifty (50) feet are limited to one driveway. No more than two driveways per property tract. Permit to enter a State roadway must be approved by the PA Department of Transportation.

See Ordinance No. 1031 for minimum measurements and other regulations. Diagram drive and street, show distances to corner, other drives, and obstructions to vision, etc.:

Large empty dotted box for sketching lot and driveway approaches.

Sketch of lot showing proposed approaches to access driveway from streets and highways.

I hereby apply for permission to construct a driveway entering onto a street within the Borough of Somerset. This driveway will be in accordance with Borough and/or State regulations.

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes Officer

Date

Notes: _____

For more information regarding building permits/zoning visit our website: www.somersetborough.com



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APPLICATION PERMIT

OFFICE USE

Application No.: _____ Zoning District: _____ Permit Fee: _____
Map No.: _____ Parcel No.: _____ Lot Size: _____
Date Paid: _____ Check No.: _____

Owner: _____ Phone No.: _____

Owner Address: _____

Lessor/Applicant: _____ Phone No.: _____

Lessor/Applicant Address: _____

Property Location (if different from above): _____

Detailed Description of Proposed Use(s): _____

(Examples: new construction, remodeling, pool, decks, garages, sheds)

Print Applicant/Owner

Signature of Applicant/Owner

Date

Signature of Building Codes Officer

Date

The Zoning Officer has 15 days from the receipt of this application to render a decision.

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Revised 6-1-17 CS