



TOWNSHIP of LIGONIER

APPLICATION FOR DRIVEWAY PERMIT

Date _____ Permit No _____

Applicant /Owner _____

Address _____

Phone _____ Email _____

Tax Map No _____

Location of New Driveway _____

Use of New Driveway residential commercial other

Date of intended use _____

Diagram of proposed driveway cut (please include any neighboring driveway locations)

Applicant/Owner Signature _____

Township Use Only

Date reviewed _____ Reviewed by _____

Comments _____

Approved by _____ Date approved _____