OXFORD TOWNSHIP ZONING

Application for Driveway Permit

Applicant Information

Applicant Name (Company Name):

Address:

Phone # ( )

City: Zip: Fax # ( )

Name of Contact Person doing the work: Phone # ( )

Type of Permit Desired

_____ New Driveway Permit ($75.00 permit fee) _____ Existing Culvert Pipe Replacement or Extension (No Cost)

Fees, as shown above made payable to the Oxford Township, must accompany this application. The Township must be notified at least 1 working day in advance of the inspection.

Site Information *Required for Inspection*

Location of Work

Subdivision Name (if applicable):

Street Address **AND** Lot #: Road #

Township: Oxford Length of Property Frontage: **feet**

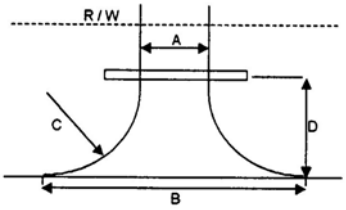
Minimum Material Requirements for Driveway Pipe: Concrete, Double Wall Corrugated Plastic or 1/4" Steel Pipe. (Minimum 30' of pipe required.)

Minimum Material Requirements for Road Ditch Tile: 12" Perforated Plastic, Minimum of 6" of drop from road berm to finish grade for enclosed ditches.

Width of driveway surface (beyond flare or radius): **A** **feet** 10' min. residential 20'min. com, 12' min CAD

Width of driveway at edge of pavement of existing road: **B** **feet** 45' Minimum

Driveway flare shall be a uniform radii from B to A. **C** **feet**



The size of the pipe will be a min. 12" dia. unless the Township determines an alternate size is needed. Township may require the pipe to be sized by a design professional.

Distance from existing edge of pavement to center of pipe : **D** **feet** 10' min. unless otherwise approved.

Disclaimer: Oxford Township will not be held responsible for damage to driveway surfaces caused by snowplowing.

Length of driveway pipe : _____ Minimum 30' of culvert pipe required.

Material Type: _____ **See Material Requirements Above.**

For office use only

Size of pipe **inches**

Inspection Notice

Contact the Oxford Township Zoning Office 72 hours in advance to schedule the inspection at **740-272-6338**. Please allow 7 working days to process this application.

CALL OUPS BEFORE YOU DIG 1-800-362-2764

X

Signature of Applicant *Date*

For Office Use Only

Township Permit Approval *Approval Date*

Inspection Notes *Inspection Date*

Permit #

Revised: 3-9-14

Chk #

PERMIT EXPIRES 12 MONTHS FROM APPROVAL DATE