



APPLICATION FOR DRIVEWAY PERMIT

Revised 7-28-2022

City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365
Phone (814)723-6300 - Fax (814) 723-3242

APPLICATION DATE: _____ Parcel ID # _____

Owner Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Applicant Name: _____ Phone # _____

Address: _____

Contractor: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

DRIVEWAY LOCATION: _____

DESCRIPTION OF WORK: Residential Commercial New Repair /Replacement of Existing
(Use back of application for sketch or attach your own)

Driveway Width _____ Length of Opening _____

Work should begin on or about: _____

All contractors are required to provide a Workers' Compensation Insurance Certificate with "City of Warren, 318 W. Third Avenue, Warren, PA 16365", listed as the certificate holder or claim an exemption on the Workers' Compensation Insurance Coverage Information form.

The applicant does hereby agree to perform all work according to the requirements and regulations for installation and repair of driveways/curb cuts as provided for in the ordinances of the City of Warren, Pennsylvania.

I attest information furnished is accurate and true and will notify the Building Code Department of any changes.

Call the Dept. of Public Works at (814) 706-4402 (Jeff) or (814) 688-3973 (Mike) for initial inspection prior to commencing work and after curb is cut. **Please leave a 1-1/2" lip when performing curb cut.** A final inspection is required after project is completed.

Owner/Applicant Signature: _____ Date: _____

******* A 24 HOUR ADVANCED NOTICE IS REQUIRED WHEN SCHEDULING AN INSPECTION *******

Permit Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
PD Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Zoning Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____	Date: _____
Permit Fee: \$ _____	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Permit No: _____	