



Carlisle Township

Replacement and New

Driveway Permit Application

11969 State Route 301

LaGrange, OH 44050

Phone # 440-458-6688

Email: carlisletwproaddept@windsteam.net

Owner(s) Name _____ Phone # _____

Address _____ City/Zip _____

The Proposed Driveway is to be constructed within the right-of-way of (address or location):

Type of driveway proposed; Residential _____ Business _____ Farm _____

Other(explain) _____

Said owner(s) shall at all times protect and save harmless Carlisle Township and it's agents from any and all claims arising in any manner from the construction and maintenance of said driveway and approach.

Application must be received at least 10 days prior to installation.

Owner(s) Signature _____ Date _____

Driveway Pipe Size and Type specified by the Township: _____

This permit is hereby; Approved / Denied at (location) _____

Signature of Township Representative _____ Date _____

Township Copy