



# RESIDENTIAL DRIVEWAY GUIDELINES WHITEHALL TOWNSHIP

REVISED APRIL 2023

**PERMITS ARE REQUIRED** for all new installations, extensions, and/or replacements of driveways. Please fill out the building permit application which can be found under the Building Codes section of the Forms and Documents tab on our website.

**PLEASE NOTE:** Driveway surfaces are to be of an approved impervious pavement surface (i.e., concrete, pavers, asphalt). Loose stone or gravel is not permitted. A curb and sidewalk permit may also be required if the apron is affected. Note that all concrete aprons must be replaced with concrete.

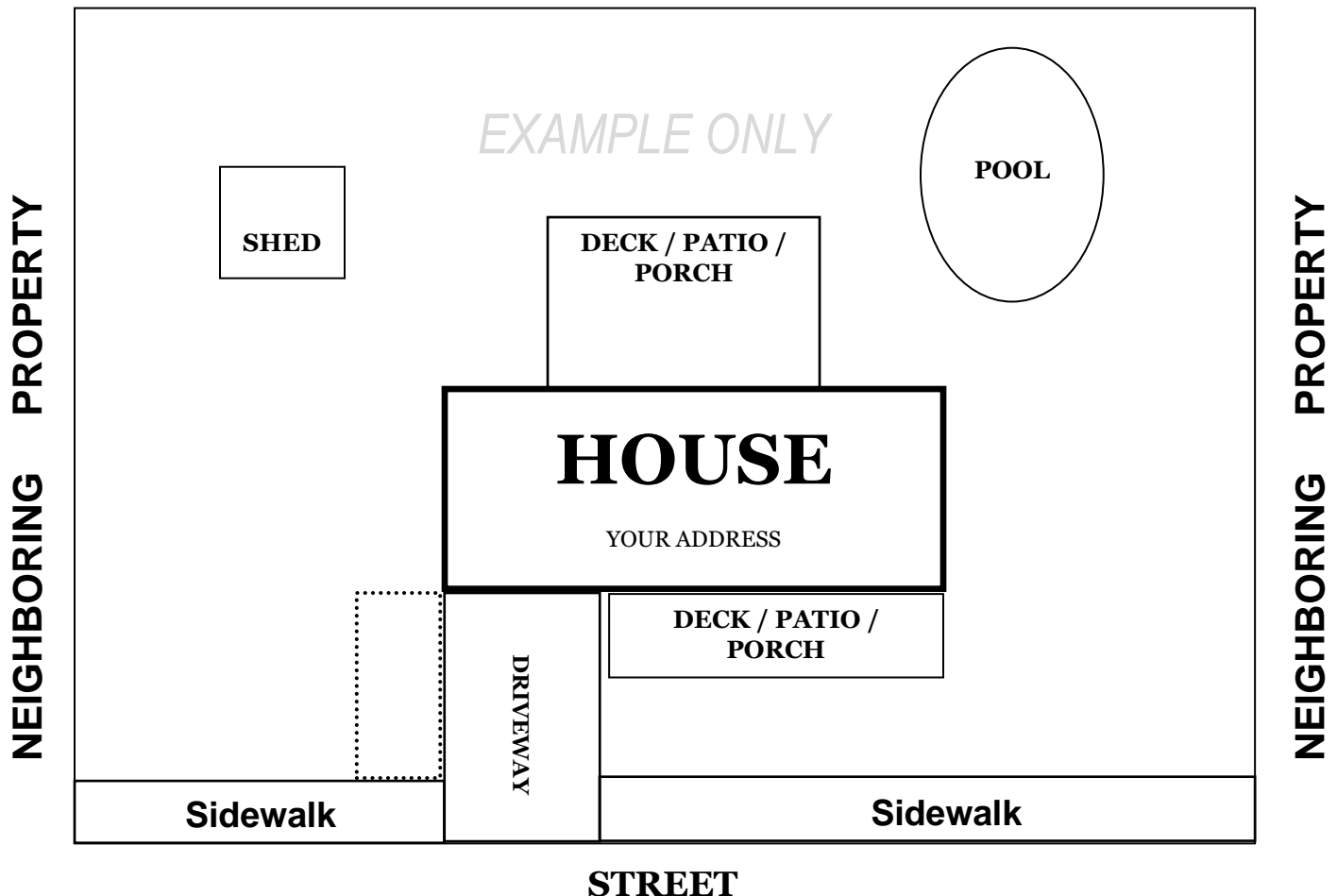
- All driveways must conform to § 27-110 of the zoning ordinance. Found online at [www.whitehalltownship.com](http://www.whitehalltownship.com) on “Code of Ordinances” tab – Chapter 27: Zoning
- Driveways for residential dwellings must be not less than 35’ from an intersection and cannot exceed 40’ in width at the curb line.
- All driveways must maintain additional setbacks (greater than 35’) when located near the intersection of collector or arterial streets.

Any questions, please contact the Zoning Officer at 610-437-5524 Ext. 1155

**NO WORK SHALL BE PERMITTED WITHOUT REQUIRED TOWNSHIP APPROVALS**

**Permit Application MUST Include:**

- Estimated cost of construction
- Dimensions/size of driveway
- Type of pavement materials
- Indicate whether the driveway is new or existing. If extending an existing driveway, please indicate that as well.
- A detailed site plan. Please see example below.
  - PLAN MUST SHOW **ALL** EXISTING STRUCTURES (i.e. shed, deck, pool, garage, fence, etc.)



WHITEHALL TOWNSHIP  
3219 MACARTHUR ROAD  
WHITEHALL, PA 18052

No. \_\_\_\_\_

<b>LOCATION OF PROPOSED WORK OR IMPROVEMENT</b>		Zoning District _____																
Site Address: _____		Tax Parcel # _____																
Lot # _____ Subdivision/Land Development: _____		Phase: _____ Section: _____																
<b>Owner:</b> _____ <b>Email:</b> _____																		
Mailing Address: _____		Phone #: _____																
<b>Occupant/Tenant:</b> _____ <b>Email:</b> _____																		
Mailing Address: _____		Phone #: _____																
<b>Contractor:</b> _____ <b>Email:</b> _____																		
Mailing Address: _____		Phone #: _____																
<b>Architect:</b> _____ <b>Email:</b> _____																		
Mailing Address: _____		Phone #: _____																
<b>TYPE OF WORK OR IMPROVEMENT</b> (Check One) <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Temporary Trailer <input type="checkbox"/> Sprinkler <input type="checkbox"/> Other (Shed, Driveway, Fence, etc.) Describe the proposed work: _____ _____ _____  NOTE: If setting up a manufactured home, the following number is also <b>REQUIRED</b> . * MANUFACTURED HOUSING BOARD LICENSE # _____ <b>ESTIMATED COST OF CONSTRUCTION</b> (reasonable fair market value) \$ _____																		
<b>DESCRIPTION OF BUILDING USE</b> (Check One) <b>RESIDENTIAL</b> <input type="checkbox"/> One-Family Dwelling (R-3) <input type="checkbox"/> Two-Family Dwelling (R-3) <input type="checkbox"/> Multi-Family (R-2) <input type="checkbox"/> Hotels (R-1) <b>NON-RESIDENTIAL</b> Specific Use: _____ Use Group: _____ Change in Use <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Indicate Former: _____ Maximum Occupancy Load _____ Maximum Live Load _____																		
<b>BUILDING/SITE CHARACTERISTICS</b> <b>Number of Residential Dwelling Units:</b> _____ Existing _____ Proposed _____ <b>Mechanical:</b> Indicate Type of Heating / Ventilating / Air Conditioning (i.e. electric, gas, oil, etc.) _____ <b>Water Service:</b> (Check) <input type="checkbox"/> Public <input type="checkbox"/> Private <b>Sewer Service:</b> (Check) <input type="checkbox"/> Public <input type="checkbox"/> Private <b>Does or will your building contain any of the following:</b> <table style="width: 100%;"><tr><td><b>Fireplace(s):</b> Number _____</td><td>Type of Fuel _____</td><td>BTU's _____</td><td>Type Vent _____</td></tr><tr><td><b>Elevator/Escalators:</b></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td><b>Lifts/Moving Walks:</b></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr><tr><td><b>Sprinkler System:</b></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td><b>Pressure Vessels:</b></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr><tr><td><b>Refrigeration Systems:</b></td><td><input type="checkbox"/> YES <input type="checkbox"/> NO</td><td></td><td></td></tr></table>			<b>Fireplace(s):</b> Number _____	Type of Fuel _____	BTU's _____	Type Vent _____	<b>Elevator/Escalators:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Lifts/Moving Walks:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sprinkler System:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pressure Vessels:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Refrigeration Systems:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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Permit No. \_\_\_\_\_  
Address \_\_\_\_\_

**BUILDING DIMENSIONS**

Existing Building Area: \_\_\_\_\_ sq. ft.  
Proposed Building Area: \_\_\_\_\_ sq. ft.  
Total Building Area: \_\_\_\_\_ sq. ft.

Number Of Stories: \_\_\_\_\_  
Height of Structure Above Grade: \_\_\_\_\_ ft.  
Area of the Largest Floor: \_\_\_\_\_ sq. ft.

**FLOODPLAIN (This section is REQUIRED to be completed)**

Is the site located within an identified flood prone area? (*Check One*)

☐ YES

☐ NO

What Zone? (*Check One*) \_\_\_\_\_ A \_\_\_\_\_ AE \_\_\_\_\_ X

Will any portion of the flood prone area be developed? (*Check One*)

☐ YES

☐ NO

Owner/Agent shall verify that any proposed construction activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically *Section 60.3 (d)*. Fair Market Value of Structures \$ \_\_\_\_\_

**\*\*\*\*Start of work must commence within 180 days from the issuance of permit \*\*\*\***

**PROPERTY OWNER CERTIFICATION**

I, the owner/lessee of the property subject of this building permit do hereby acknowledge that it is my sole responsibility to be certain the exact location of my property lines, as well as any Flood Hazard areas, other covenants, deed restrictions, easements or rights of way encumbering same (as shown on my deed); and by submitting this permit application am certifying that all proposed construction will be in accordance to all required setbacks, based upon my property location.

**PROPERTY**  
**OWNER SIGNATURE** **X** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_

The applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents and PA Act 45 (Uniform Construction Code) and any additional approved building code requirements adopted by the Municipality. The property owner and applicant assumes the responsibility of locating all property lines, setback lines, easements, rights-of way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of the Municipality or any other governing body. The applicant certifies he/she understands all the applicable codes, ordinances and regulations.

Application for a permit shall be made by the *owner* or lessee of the building or structure only if there is no contractor involved, or *agent* of either, or by the *registered design professional* employed in connection with the proposed work.

**I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.**

**X**

**SIGNATURE** of Property Owner

Print Name of Property Owner

**X**

**SIGNATURE** of Authorized Agent/Contractor

Print Name of Authorized Agent/Contractor

Contractor Address

Date

Directions to Site: \_\_\_\_\_

**SITE OR PLOT PLAN – FOR APPLICANT USE – SHOW ALL PROPERTY LINES -LABEL STREETS AND ALLEYS-  
ALL EXISTING STRUCTURES**

