

DRIVEWAY/CULVERT PERMIT APPLICATION

Date Received	_

Instructions

Please complete the information requested below and attach a Site Plan following directions on reverse side.

D-		
	Permit #	

	_1					
APPLICANT INFO	RMATION					
Name(s)		Address				
Owner		Phone				
PROPERTY LOCA	TION OR DESCRIPTION	ON				
Address						
A. Proposed Improveme Driveway/Concrete New Driveway	ent (check ALL that apply) Driveway/Asphalt Repairs to experience.	Culvertxisting driveway	Other (describe)			
B. Dimensions: Length (ft)	Width (ft)	Depth (in)				
	ucted of concrete shall be of a an four (4) inches in thickness		ix (6) inches at the property	line. Driveway		
	ucted of asphalt shall be of a t an two (2) inches in thickness.		ur (4) inches at the property	line. Driveway		
SIGNATURE OF APPL	JCANT	1	DATE			
Zoning District	Parcel #		SignsParkir	ng		
Site Plan	Parcel # Flood Zone Trucking Permit for Construct	Elevationtion (\$750 deposit)	Elevation Certificate			
Inspection \$35 fee						
Pre-Inspection by	Date	Post Inspecti	on Date			
Approved						
Disapprove	d DPW Superintendent	Date				
Approved	Approved This permit is good for 1 year from date of approval.					
Disapprove	edCity Manager		Date			
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