



Driveway Construction/ Reconstruction Permit Application

PLEASE COMPLETE EVERYTHING UNDERLINED IN RED

Permit # _____

Date Issued _____

Receipt # _____

<u>Property Address</u> _____	<u>Date of Application</u> _____
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Location: _____

Width: _____

Length: _____

Driveway Square Foot: _____

Project Start Date: _____

Describe Work Performed:

Valuation (cost of project & labor): _____

It is the responsibility of the permittee to call for all inspections with 48-hour notice and be on site for inspection.

I Herby Acknowledge that I have read this application and state that all information listed is correct and agree to comply with all City ordinances and state laws.

Owner's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Cell Phone _____

Email _____

Please Print _____

Applicant Signature _____

Owner Contractor

Contractor's Name _____

License # _____

Address _____

City, State & Zip _____

Phone # _____

Email _____

OFFICIAL USE ONLY

Approval:

_____	_____
Street Superintendent	Date
_____	_____
Building Official	Date
<u>Inspection Approved:</u>	
_____	_____
Street Superintendent	Time Date
_____	_____
Building Official	Time Date

(Void 120 days from date of issue)

OFFICIAL USE ONLY

Driveway Fee \$5.00 Collected By: _____

Final Total: \$ _____