



# DRIVEWAY PERMIT

Cash   
Check  \_\_\_\_\_  
Credit Card  \_\_\_\_\_

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

Received \$ 30.00

Date: \_\_\_\_\_

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

**Project Address:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

Name Phone #

**Mailing Address:** \_\_\_\_\_

Street # City State Zip

**Contractor/Applicant:** \_\_\_\_\_

Name Phone #

**Mailing Address:** \_\_\_\_\_

Street # City State Zip

### DRIVEWAY SPECIFICATION

ZONING:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL

DRIVEWAY: WIDTH: \_\_\_\_\_ FT THICKNESS: \_\_\_\_\_ INCH

MATERIAL USED:  ASPHALT  CONCRETE

TINHORN :  GALVANIZED  CONCRETE SIZE: \_\_\_\_\_ INCH

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Do Not Write Below This Line—Office Use Only

TINHORN REQUIRED:  YES  NO SIZE: \_\_\_\_\_ INCH APPROVED

DRIVEWAY MEASUREMENTS: WIDTH: \_\_\_\_\_ FT THICKNESS: \_\_\_\_\_ INCH

MATERIAL POURED:  ASPHALT  CONCRETE

DRIVEWAY MEETS CITY SPECIFICATION:  YES  NO

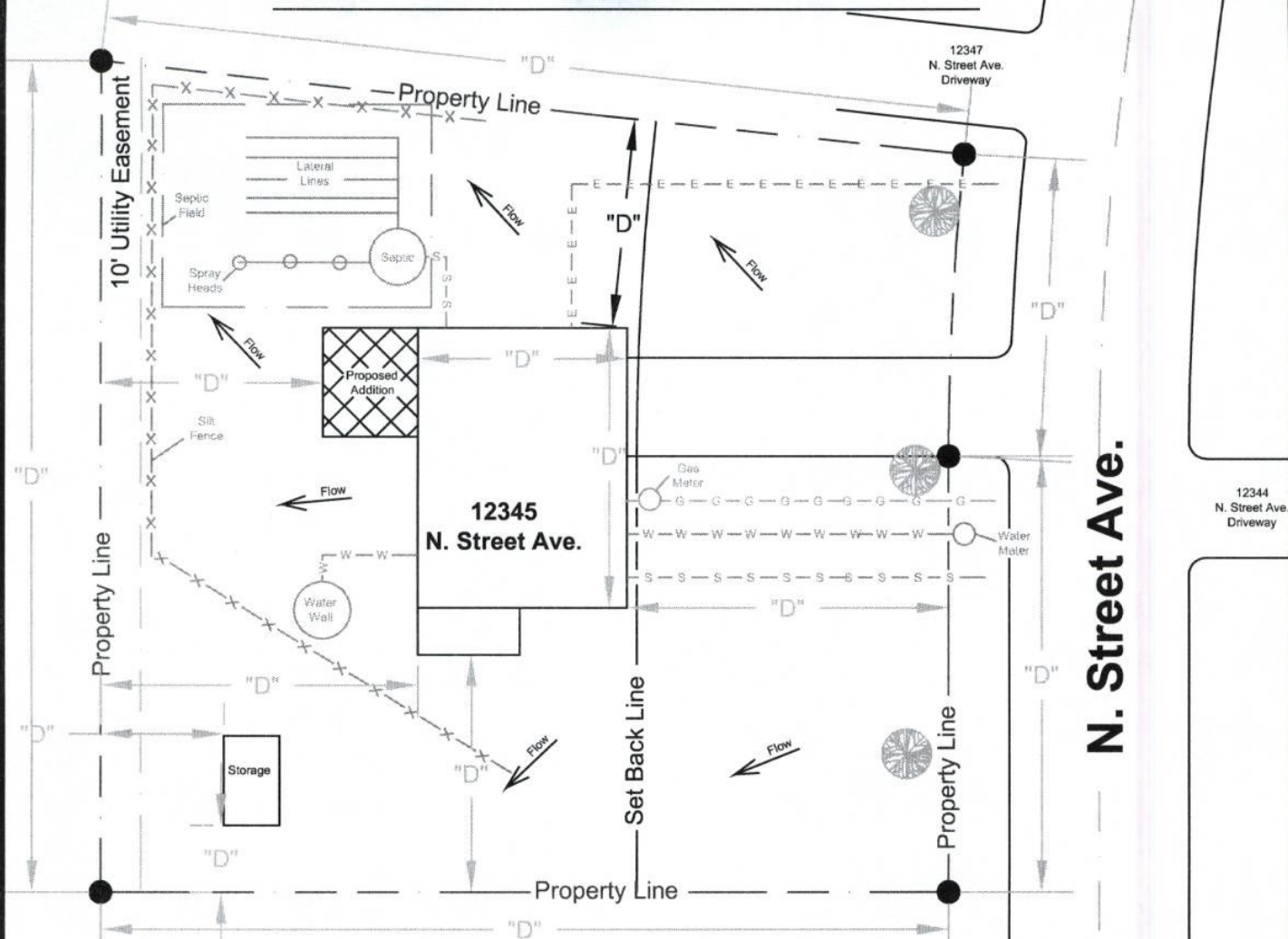
IF NO, GIVE REASON: \_\_\_\_\_

VARIANCE GRANTED:  YES  NO EXPLAIN: \_\_\_\_\_

DRIVEWAY APPROVED:  YES  NO

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SAMPLE SITE PLAN



**LEGEND**

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

**John Doe**  
**(405) 555-5555**  
**Jan. 1, 20XX**



**CHECKLIST**

- |  |  |
|--|--|
| <input type="checkbox"/> Address                     | <input type="checkbox"/> Driveway                            |
| <input type="checkbox"/> Street Name(s)              | <input type="checkbox"/> Neighboring Driveway                |
| <input type="checkbox"/> Property Line w/Dimensions  | <input type="checkbox"/> Landscaping                         |
| <input type="checkbox"/> Structure(s) w/Dimensions   | <input type="checkbox"/> Drainage Flow Arrows                |
| <input type="checkbox"/> Setback lines               | <input type="checkbox"/> Erosion Controls                    |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service               | <input type="checkbox"/> Retaining Wall(s)                   |
| <input type="checkbox"/> Water Well                  | <input type="checkbox"/> Scale                               |
| <input type="checkbox"/> Sanitary Sewer Service      | <input type="checkbox"/> North Arrow                         |
| <input type="checkbox"/> Septic System               | <input type="checkbox"/> Date                                |
| <input type="checkbox"/> Electrical Service          | <input type="checkbox"/> Contact Information                 |
| <input type="checkbox"/> Natural Gas Service         |  |

**PLEASE**  
**USE BLANK PAGE**  
**ON BACK TO**  
**DESIGN A SITE**  
**PLAN**

**SITE PLAN**

