



DRIVEWAY PERMIT

Cash
 Check _____
 Credit Card _____
 Rplc New
 Received \$10.00 / \$25.00
 Date: _____
 Receipt No. _____

Permit 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

