

Date: _____

Received By: _____

**DRIVEWAYS AND PAVED FRONTAGES
PERMIT APPLICATION**

CR#: _____

APPLICANT
Name:
Address:
City, State, Zip Code:
Area Code - Telephone Number:
SITE INFORMATION:
Parcel Owner's Name:
Site Address:
City, State, Zip Code:
Area Code - Telephone Number:
CONTRACTOR
Name:
Address:
City, State, Zip Code:
Area Code - Telephone Number:

OFFICE USE ONLY		
JOB #:	11005	ISSUE DATE: _____
APN	_____	FEE DUE: _____
EXP. DATE:	_____	DRIVEWAYS: _____
STREET:	_____	*
AREA:	QUAD	*
TYPE:	_____	*
FORMS:	_____	
NOTES:	_____	
DRIVEWAY		
TYPE:	QUANTITY	WIDTHS
AGRICULTURE:		@FRONTAGE
COMMERCIAL:		
INDUSTRIAL:		@ R/W
RESIDENCE:		
PAVED FRONTAGE		
LENGTH:	Ft.	X WIDTH: _____ Ft.

The undersigned hereby applies for permission to excavate, construct and/or otherwise encroach on County Highway Right-of-Way on the _____ side of _____ approximately _____ feet/mile _____ of _____, _____, by installing _____

_____ Work will commence on or about _____ for approximately _____ days.

SKETCH (Separate sheet may be submitted)

Will this project be self-installed? _____ YES _____ NO Contractor's License _____

