

COUNTY OF SAN JOAQUIN  
DEPARTMENT OF PUBLIC WORKS

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

Received By: \_\_\_\_\_

DRIVEWAYS AND PAVED FRONTAGES  
PERMIT APPLICATION

CR#: \_\_\_\_\_

APPLICANT
Name: _____
Address: _____
City, State, Zip Code: _____
Area Code - Telephone Number: _____
<b>SITE INFORMATION:</b>
Parcel Owner's Name: _____
Site Address: _____
City, State, Zip Code: _____
Area Code - Telephone Number: _____
<b>CONTRACTOR</b>
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:	_____	
<b>DRIVEWAY</b>		
TYPE:	QUANTITY	WIDTHS
AGRICULTURE:	_____	@FRONTAGE
COMMERCIAL:	_____	_____
INDUSTRIAL:	_____	@ R/W
RESIDENCE:	_____	_____
<b>PAVED FRONTAGE</b>		
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 \_\_\_\_\_

