



RESIDENTIAL DRIVEWAY AND/OR SIDEWALK PERMIT

Please fill out this application completely in order to be submitted by our staff.

Applicant Information	
Company Name	
Contact Person	
Company Address (Street, City, State & Zip Code)	
Phone Number	
Fax Number	
Email Address	

PERMIT INFORMATION	
Type of Permit	<input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalk
Subdivision (If available)	
Lot Number (If available)	
Street Number/Name	

E:\EngMaintenance\AdministrationFolder\Permits